West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 26 June 2015
10.15am

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

WEST COAST DISTRICT HEALTH BOARD MEMBERS

Peter Ballantyne (Chair)
Kevin Brown
Helen Gillespie
Michelle Lomax
Peter Neame
Sharon Pugh
Elinor Stratford
Joseph Thomas
John Vaile
Susan Wallace

Executive Support

David Meates *(Chief Executive)*
Michael Frampton *(Programme Director)*
Karyn Bousfield *(Director of Nursing & Midwifery)*
Gary Coghlan *(General Manager, Maori Health)*
Kathleen Gavigan *(General Manager, Buller)*
Carolyn Gullery *(General Manager, Planning & Funding)*
Mark Newsome *(General Manager, Grey & Westland)*
Stella Ward *(Executive Director, Allied Health)*
Justine White *(General Manager, Finance)*
Lee Harris *(Senior Communications Advisor)*
Kay Jenkins *(Minutes)*

AGENDA – PUBLIC

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 26 June 2015 commencing at 10.15am

KARAKIA			***10.15am***
ADMINISTRATION			***10.15am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *8 May 2015*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.20am***
4.	**Chair's Update** **(Verbal Update)**	Peter Ballantyne *Chairman*	*10.20am – 10.30am*
5.	**Chief Executive's Update** - Health & Safety	David Meates *Chief Executive*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*10.45am – 10.55am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*10.55am – 11.05pm*
8.	**Crown Entities Act 2004 - Changes**	Justine White *General Manager, Finance*	*11.05pm – 11.15pm*
9.	**Maori Health Plan Update**	Gary Coghlan *General Manager, Maori Health*	*11.15am – 11.25am*
10.	**Health Target Report – Quarter 3**	Phil Wheble *Team Leader, Planning & Funding*	*11.25am – 11.35am*
11.	**Report from Committee Meetings**		
	- CPH&DSAC *4 June 2015*	Elinor Stratford *Chair, CPH&DSAC Committee*	*11.35pm - 11.45pm*
	- Hospital Advisory Committee *4 June 2015*	Sharon Pugh *Chair, Hospital Advisory Committee*	*11.45pm – 11.55pm*
12.	**Resolution to Exclude the Public**	*Board Secretariat*	*11.55pm*

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME ***11.55pm***

NEXT MEETING

Friday 7 August 2015

KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this time so that we may work together in the spirit of oneness on behalf of the people of the West Coast.

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

	Disclosure of Interest
Peter Ballantyne **Chair**	• Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board • Director, Brackenridge Estate Limited
Kevin Brown	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife works part time at CAMHS • Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Helen Gillespie	• Peer Support Counsellor, Mum 4 Mum • Employee, DOC
Michelle Lomax	• Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Chair • St John Youth Leader
Peter Neame	• Wite Wreath Action Against Suicide – Member
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast • Chair, Greymouth Business & Promotions Association
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Chair of Victim Support, Grey/Westland District • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group

Joseph Thomas	• Chief Executive, Development West Coast • Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee & Member • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member
John Vaile	• Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	• Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Member of Tatau Pounamu • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Poutini Waiora • Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 8 May 2015 commencing at 10.15am

BOARD MEMBERS

Peter Ballantyne (Chair); Kevin Brown; Helen Gillespie; Michelle Lomax; Peter Neame; Sharon Pugh; Elinor Stratford; Joseph Thomas and Susan Wallace.

APOLOGIES

An apology was received and accepted from John Vaile

An apology for early departure was received and accepted from Susan Wallace (2.00pm).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director), Karen Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller); Melissa Macfarlane (Team Leader, Accountability, Planning & Funding); Phil Wheble (Team Leader, Planning & Funding); Lee Harris (Senior Communications Advisor); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

Gary Goghlan led the Karakia.

1. TELEHEALTH PRESENTATION

The Board met in the Lecture Theatre, Grey Hospital, to receive a presentation via video link from John Garrett.

Michael Frampton provided the Board with an overview of telehealth on the West Coast and John Garrett provided an overview from his perspective and Board members were given the opportunity to ask questions.

The Board then visited Parfitt Ward and observed a telehealth appointment.

Members then moved to St John for the remainder of the meeting.

The Board acknowledged the passing of Clare Lucas who had worked in nursing for over 40 years.

2. INTEREST REGISTER

Additions/Alterations to the Interest Register
Michele Lomax advised that she is now "Chair" of Buller High School board of Trustees not "Joint Chair"

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

3. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (17/15)
(Moved Sharon Pugh/seconded Elinor Stratford - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 27 March 2015 be confirmed as a true and correct record, subject to a change on page 2 Chair's Update, bullet point 5 "The Minister of Health has asked the "DHB" to reduce ……""

Resolution (18/15)
(Moved Peter Neame/seconded Michelle Lomax - carried):

"That the minutes of the Meeting of the West Coast District Health Board Special Board held in the Board Room, Grey Hospital, Greymouth on Thursday 23 April 2015 be confirmed as a true and correct record."

4. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

5. CHAIR'S UPDATE

The Chair provided updates as follows:

- He commented on the very informative video conference from John Garrett. The Board noted that the Minister of Health had observed a telehealth appointment on his recent visit to the West Coast and he had requested that Mr Garrett meet with him separately to discuss telehealth further. Mr Garrett had confirmed to the Chair that this meeting has taken place. The Board noted that the model being used on the West Coast is leading edge although it is acknowledged that there is still some way to go.

  The Board expressed their appreciation of the presentation and endorsed the progress being made and also thanked the family involved for allowing the Board to observe their appointment.

- HBL – all 20 DHBs have approved the establishment of a new company owned by the District Health Boards to take over the Business Cases and implement them.
- South Island Alliance Meeting – items discussed at this meeting were: Regional Capital Plan; South Island representative on the *NewCo* company to be Murray Cleverley; PICs progress; Health & Safety.
- Partnership Group – the preliminary design will go back to this group on 29 May.
- Buller is now set to go to the design stage and will enable an implementation Business Case to be prepared.

The Chair commented that progress is being made on all fronts with a massive amount of work from management.

Resolution (19/15)
Moved Peter Ballantyne/seconded Elinor Stratford – carried)
That the Board:

i. notes the Chair's verbal update.

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, presented this report which was taken as read. The Board noted that both Paul Holt and Pradu Dayaram have 30 years service with the DHB.

He highlighted the following points:

- There was an extensive workshop last week for SMOs where the CMO role was discussed. It was agreed that there will be a distributed medical leadership model. ASMS were involved in these discussions.
- A lot of activity is taking place around the Grey facilities project and we are continuing to move forward with a focus on the completion date of March 2017.
- Buller RFPs have been out and the selection process is underway. All parties are now in agreement with the way forward and re-engagement will now take place with the Buller Clinicians.
- Maternity is continuing to be embedded in a way that is sustainable going forward.
- The West Coast 2014/15 Annual Plan has now been signed and this includes the $1m reduction in transitional funding.
- New models of care are being implemented as we move towards the new facilities with an increasing focus on shifting away from beds as currency. Staff are very engaged in the implementation of these new models of care.

Discussion took place regarding how we ensure and audit that people who need home based support are receiving this. The Board noted that this connection is made through Home Based Support Services and whilst there may be some inconsistencies around this we continue to look at ways of improvement.

Health & Safety

Michael Frampton, Programme Director provided the Board with an update on the work and focus on the Health & Safety teams. The Board noted that one of the most significant processes is the gap analysis in terms of the new health and safety legislation. The Board noted that Safety First has now been implemented and this will assist us in improving our reporting and monitoring functions.

Resolution (20/15)

(Moved Sharon Pugh/seconded Michelle Lomax– carried)

That the Board:

i. notes the Chief Executive's update; and

ii. notes the Health & Safety update

7. CLINICAL LEADERS REPORT

Karen Bousfield, Director of Nursing and Midwifery, presented the Clinical Leaders Update. The report was taken as read.

Ms Bousfield provided the Board with an overview of the nursing workforce and highlighted the following:

- This month saw the roll out of the Lippencot on-line service
- The focus on Quality & Safety continues
- The West Coast DHB has been funded and allocated 82 bed licences by the Ministry of Health for the Productive Ward Programme, based on the principles of quality and productivity.

- The Nursing Council have undertaken an audit of our Nursing Entry to Practice Programme and verbal feedback is that this is an outstanding programme.

Resolution (21/15)
(Moved Michelle Lomax/seconded Joseph Thomas – carried)
That the Board:

i. notes the Clinical Advisor's update.

8. FINANCE REPORT

Justine White, General Manager, Finance presented this report which was taken as read. The consolidated West Coast District Health Board financial result for the month of March 2015 was a deficit of $0.484m, which was $0.396m unfavourable against the budgeted deficit of $0.088m. The year to date position is now $0.513m unfavourable.

The Board noted that these results include the $1m reduction in transitional funding.

Resolution (22/15)
(Moved Elinor Stratford/seconded Helen Gillespie – carried)
That the Board:

i. Notes the financial result for the period ended 31 March 2015

9. MATERNITY REVIEW UPDATE

Michael Frampton, Programme Director presented this update which was taken as read. The Board noted that progress continues to be made in this area.

Mr Frampton highlighted that there are still a couple of items to be addressed which are around the transalpine connection with Canterbury and midwifery leadership. Some of these conversations have already commenced and it is hoped that they will be in place by the end of the year.

Resolution (23/15)
(Moved Kevin Brown/seconded Helen Gillespie – carried)
That the Board:

i. Notes the report on progress against the recommendations from the maternity review.

10. REPORTS FROM COMMITTEE MEETINGS

a) Elinor Stratford, Chair, Community & Public Health and Disability Support Advisory Committee provided an update from the Committee meeting held on 23 April 2015.

She mentioned in particular the forums around the Disability Action Plan which had taken place in conjunction with Disability Information Advisory Services and also the presentation from the National President of Victim Support.

The update was noted

b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 23 April 2015.

She mentioned in particular the slippage in DNA results in the last quarter; the recent HDC decision and the employment of new graduate nurses.

The update was noted.

c) Elinor Stratford provided a verbal update on the Tatau Pounamu Advisory Group meeting held on 16 April 2015.

The update was noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (24/15)
(Moved Susan Wallace/seconded Kevin Brown – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 27 March 2015 and 23 April 2015	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
3	Clinical Leaders Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
4.	Draft Annual Plan Update and Delegation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	South Island Regional Health Services Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Risk Mitigation Strategy Update)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	Mental Health Review Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	HBL Treasury Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial	S9(2)(j)

		negotiations).	
9.	Buller Older Persons Health	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
10.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

There being no further business the public open section of the meeting closed at 12.25pm.

The Public Excluded section of the meeting commenced at 12.25 and concluded at 3.15pm with an adjournment of 40 minutes for lunch.

_____ _____

Peter Ballantyne, Chair Date

CHIEF EXECUTIVE'S UPDATE

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chief Executive**

DATE: **26 June 2015**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

Its format has been reorganised around the key organisational priorities that drive the Board and Executive Management Team's work programmes. Its content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Health Alliance

Alliance Leadership Team [ALT] Activity

- The Annual Plan and Maori Health Action Plan have been reviewed by the Alliance for endorsement. The PHO Board, as the Alliance partner with West Coast DHB, will also review and endorse the plans.
- The Rural Service Level Agreement [SLA] met to review the funding model for rural subsidies. It was agreed that the model was appropriately supporting rural practices and therefore will continue to use this through the 2016/17 year.
- The Pharmacy workstream is working with community and hospital pharmacies to undertake a design lab and process mapping in preparation for the new Grey Base and IFHC.
- The Alliance Support Group will be organising a "kick off" workshop with workstream leads and ALT as the Alliance workstreams start the New Year with new objectives.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
  - A concentration on an improvement in our performance with regard to heart and diabetes checks, smoking cessation and cervical screening is occurring. Targets achieved include breast screening, diabetes detection and CVD detection.
  - *Annual Planning* – An initial annual planning meeting has been held with a follow-up meeting with medical centre staff arranged for 8 June. The focus is on being financially and clinically sustainable into the future, the continuing integration of services and better use of technology.
- **South Westland Area Practice:** The Haast vacancy has been successfully recruited to with the position being filled by a former RNS who has recently been working as a reliever.
- **Greymouth Medical Centre and Rural Academic General Practice:** The CNMs have undertaken to write a quarterly season-appropriate newsletter to keep patients informed about happenings in the practice. As well as open hours, it has articles on vaccinations and PHO services. The newsletter for winter has been written and will be ready for release to staff and patients at the end of June. Team discussions are occurring in the Practices re planned and unplanned Models of Care. The logistics of making this work in our new building have encouraged staff to think about utilising the MOC in our current structure as much as possible. More work needs to be done with staff before this can be actioned.
- **Practice Management:**
  - Cornerstone Accreditation applications are awaiting approval through the contracts system.
  - The results of the PHO random audit of the Practice enrolment registers that was undertaken in May have yet to be released.
- **GP Recruitment:**
  - Handover to WCDHB recruiters is on track for 1 July 2015.
  - Waiting times snapshots were at an average of 2-3 days for a routine appointment with a doctor in May.
- **Financial:** Overall income remains higher compared to the same period in the previous year.

Community

- **Buller Older Persons' Health Services:** On June 11, we announced the outcomes from the nine month engagement process that has taken place with the Buller community in relation to older persons' health services. We will shortly be releasing a proposal for change in relation to the proposed closure of Kynnersley home and the strengthening of community-based services, and we expect to consult on this through the month of July with decisions expected in August. We have been clear that residents are a top priority for us, and we will remain well engaged with them through the coming weeks and months.
- **Oral Health:** The long-time vacant Dental Therapist position has been successfully recruited to with the new therapist due to commence work in October. This will vastly reduce our arrears and take the pressure off our existing staff.

- **District Nursing | Home Based Support Services:**
  - DNs and HBSS are working closer together. They are now having twice weekly shared meetings. It is anticipated that this will result in shared patient information and more effective allocation of workloads/tasks. Health maintenance and simple procedures are progressively being assigned over to HBSS. This allows the District Nurses to care for the higher acuity patients.
  - Increasingly, palliative patients are requiring care at home so the combined skills of DN and HBSS coordinated by Palliative Nurse Specialists are required. Feedback from patients and families is very positive where these services are utilised. In rural areas the challenges are greater, not the least of which is distance. We have been fortunate that the Palliative Specialist from Christchurch has accompanied the RNS and Palliative CNS on visits into many rural homes as an adjunct to the care being provided.
  - A number of HBSS staff are about to undertake the level 4 Careerforce Home Care Training with another group undertaking the Dementia Modules. There is a mounting challenge in managing increasing activity in the community. Many of these people would have previously gone into Rest Homes as there were insufficient services in the community to care for them.

- **Public Health Nursing:** Our PHNs are generally busy assisting with *B4School Checks* and HPV programmes. One PHN is working on a project around safety and health promotion in the home and general environment. This will be rolled out to the other PHNs to help implement with the families they encounter in their roles.
  - *Well Child* – the PHNs now have resources for water safety at the *Core 4* visit which includes handing out non-slip mats to families as per the Plunket service protocols. Stickers reminding families about water safety are also given out at the 9 month visit. The DHB service is working closely with Poutini Waiora sharing *Well Child* work across Grey and Buller areas.
  - *B4School Checks* – Extra clinics have been planned to ensure that all eligible children have had their check by the end of June.

- **Clinical Nurse Specialists:** The CNS Position Descriptions are being reviewed to look at roles and responsibilities and how well they align with CDHB and Buller and how these roles fit in with the Buller Model of Care for their new IFHC. The Clinical Nurse Specialist role, whether it is Cardiac, Oncology, or another specialty, is pivotal to keeping people as well as possible in their own homes. These nurses maintain close links with specialists in Christchurch and run the Greymouth clinics with them. The CNS coordinates care between the patient, the GP Practice, Hospital Specialists and HBSS/DN services.

C: Implement the Maori Health Plan

- **Kia ora Hauora Work Placement Programme:** Last year the West Coast Work Placement Programme was run in September and had 7 Year 12 and 13 students attend. The programme was run over 3 days with students having access to many different careers within the Health sector including, Social work, Maori Health Provider, Laboratory, Occupational Therapy, Corporate management, PHO, General Practice, Community Public Health. From the 7 who participated in the programme 5 have gone on to CPIT to begin their study in nursing, 1 is at Dunedin doing the Tu Kahika programme and 1 is at Tai Poutini polytechnic doing the pre-health sciences programme. Planning is underway for this year's programme which will be run in September.

- **Maori Health Plan:** The second draft of the Maori Health Plan has been submitted to the Ministry. There will be one more round of feedback in June before it is finalised.

- **Cultural Competency - Te Rau Matatini:** The Kaitiaki Ahurea NZQA Level 2 programme is a training programme designed for and delivered to non-Māori working in Public Health. Te Rau Matatini will be delivering the course on the West Coast in September and October. The course is appropriate for beginning public health practitioners as well as experienced practitioners wanting to further develop their cultural competencies. The intention of the learning includes the application of these principles to everyday practice within a public health role when working with Māori communities.

- **New national monitoring tool aims to accelerate Māori health improvement:** A new web-based monitoring tool seeks to speed up Māori health gains by increasing access to health performance information. The Māori Health Plan Monitoring Tool, was launched on Thursday 11 June, by Bay of Plenty District Health Board [BOPDHB] as the brainchild of Dr George Gray. "All DHBs must now have a mandatory Māori Health Plan," said Dr Gray. "Those plans indicate what each DHB is going to do to progress performance against a set of 16 health indicators relating to Māori. Until now DHBs have had a number of mechanisms, of varying quality, which checked ongoing performance against those indicators. Standardising the DHB's approach to monitoring is a gap that this tool fits. The monitoring tool works on a similar basis to the Ministry of Health's quarterly Health Targets, which give greater visibility and accountability to how a DHB is performing. Similarly, Māori health information on all 20 DHBs will include performance trends, rankings against other DHBs, disparities between Māori and non-Māori, as well as links to seminars on 'best practice' by the nation's top performers. Graphs are colour-coded to show how a DHB is performing against each of the 16 health indicators. The tool is updated every 24 hours with the latest available Ministry of Health data. On the West Coast we have been producing Maori heath plan dashboard reports for some time now, however it will be a real advantage for us to look at what is occurring in other DHBs to compare results and seek out examples of best practice when relevant. We intend to report this information to CPHAC, Tatau Pounamu, HAC and the WCDHB. In addition all these reports are available on the internet and intranet.

- **Maori Crown Relationship Instrument:** The Ministry is currently undertaking a project to evaluate the effectiveness of DHB iwi relationships. The criteria which each DHB will be analysed against is derived from the Māori Crown Relationship Instrument, created by the Ministry of Justice and Te Puni Kōkiri. The Ministry will be visiting each DHB in the coming months to discuss the relationships each DHB currently has with iwi. They will be visiting the WCDHB on 25 June for a discussion with local iwi and some DHB personnel. In addition they have completed a short desktop exercise prior to these visits.

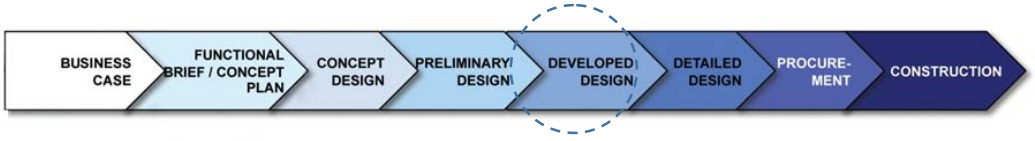
- **Kaiarahi for Maori Mental Health:** Mal Robson has been appointed Manager for the Maori Mental Health team he has extensive experience in Maori mental health and has previously held senior positions within Capital and Coast DHB and NGO'S. Mal and his partner Jackie who is now working in the Quality team were welcomed with a Mihi Whakatau on 25 June at Whakaruruhau - the Whanau house, there was an excellent turn out by staff for this welcome.

- **Poutini Waiora Planning Day:** We were invited to participate in a planning day for Poutini Waiora on 4 June. This was a very successful day with integration being a key theme throughout the planning.

A: Facilities Maintenance Report

- Business as usual continues at all sites with emphasis on working through infrastructure issues and liaising with design teams for the new developments. Involvement with the building services and infrastructure design is now underway.
- Work is ongoing aligning contracts for service where possible as contracts come out of agreement to ensure one overall system is in place for both DHB's and participating in the SI Alliance work stream opportunities. The fire maintenance contract has been tendered and is currently being evaluated, this will be a combined CDHB/WCDHB contract and sign off is imminent with Chubb the successful contractor for both DHB's. Generator servicing, refrigeration, lifts and cranes maintenance and medical air compressors and vacuum systems are also currently being worked on as part of the South Island Alliance initiative. All sites have achieved BWOF certification.
- **Health & Safety/HSNO:** Awaiting two location certificates from Accreditation Ltd for Hospital gas store and bulk liquid & manifold room. This will complete requirements under HSNO for Maintenance and Engineering. No reported incidents or accidents for maintenance for this period.
- **Consents:** Applied and granted for CCU Single Room Ensuite. Flooring and walls to be completed, then Grey District Council to complete final inspection. Application for change in conditions [extend the time] for 3 Nancarrow St House [Offices] submitted 2nd April 2015 to GDC. This was declined as an extension because under the Resource Management Act we need to apply for a new consent. OPUS have started this application process for a five year consent.
- **Fire Protection & Trial Evacuations:** May Trial Evacuations completed at Allied Health, Linen Services, Parfitt Ward. Building inspection to check for compliance with Part 1 of the Fire Safety and Evacuation of Buildings Act 2006 completed at Hokitika Mental Health & Medical Centre. Chubb fire call to dementia unit due to faulty smoke alarm, 8/4/2015.

B: Facilities Development Report



- The anticipated date of practical completion of the new Grey Hospital and Integrated Family Health Centre [IFHC] remains as March 2017.
- The West Coast Partnership Group [WCPG] has endorsed the Preliminary Design of the new Grey Hospital and IFHC.
- A first round of Developed Design user group meetings to review 'Standard Rooms' in the facility was completed in May 2015 and subsequent user group engagements are scheduled for 16-19 June and 7-10 July to progress Developed Design.
- The procurement strategy for the main build contractor was endorsed by the WCPG on 28th May.

- Integrated Facilities Maintenance investigative work continues in order to clearly establish associated benefits, costs and risk, which reflects the complexities of the Coast.
- The Buller IFHC design consultants have been appointed to develop a Master Plan and Concept Design and include:

  - Architectural: Warren & Mahoney
  - Mechanical & Electrical: AECOM
  - Structural & Civil: Calibre Consulting
  - Fire: Olsson Fire & Risk
  - QS: WT Partnership

- Clinical teams have been re engaged and a user group session was held in Westport on 10 June. A second user group engagement is planned for July to further inform the Buller IFHC Master Plan and Concept Design.

RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- AT&R services have bedded well into Morice ward.
- Staffing and skill mix in the Emergency Department remains a challenge. One staff member has been seconded to Poutini Waiora for a year.
- A project to review FTE across the system has commenced to understand the resource required for the level of activity.
- The new Patient Transfer Service has commenced and processes and procedures have been implemented in alignment with CDHB. The service will continue to improve as it evolves.
- The WCDHB continues to reach the target of 95% for smoking cessation this month. A lot of work has gone into this and the CNMs have been congratulated. ED has worked hard to increase its performance meeting 100%. The ED also continues to lead the country in the six hour target. The ED Quality framework is now in place and identified targets have been worked on. This quarter the Falls Risk documentation has shown a slight improvement with the introduction of the falls stamp in the Emergency Department so these patients are identified as they enter the service.
- The General Manager of Maori Health and Nurse Manager have set up teaching sessions for staff to improve discharge planning. Work continues to ensure a safe, seamless and efficient discharge process. Assertive board rounds have been implemented in Morice ward with positive feedback thus far.
- CAPEX is well underway, with new equipment arriving shortly. ED trollies, plinth beds and theatre lights are to be replaced. New PCA pumps have arrived and training has commenced.
- Kahurangi continues to utilise Trendcare for rostering and a trial of the electronic falls risk within Trendcare is coming soon. The integration into the secondary service continues and has been very worthwhile for all concerned with the sharing of staff between the services.

- High annual leave totals continue to decrease. Sick leave is also being proactively managed.
- Management of variance continues throughout WCDHB services with positive results.
- There has been a small drop in DNA's. A working group is continuing to work on this.

Allied Health

- A review of the WCDHB Child Protection services' team climate, relationships and communication has been completed. The review was conducted by Jonathan Black [Organisational Psychologist and Director, Farsight Ltd]. The Executive Management Team [EMT] has endorsed Jonathan's review report. EMT has also been provided with a draft implementation plan regarding the 11 recommendations contained within the report. Key stakeholders will meet on 12 June to receive a copy of the report and engage in a discussion around the implementation plan.
- A SAC 1 event occurred late April; an RCA is currently underway. Allied Health staff [inc. Child Protection Coordinator, iCAMS team, Social Work and Mental Health] worked with the family involved. A number of staff have connected with EAP for support.
- The MOU between Child, Youth & Family Services, Police and the WCDHB is up for review. The review will be impacted upon by recommendations from RCA mentioned above.
- Calderdale Framework training took place late April. Two facilitators received training. Given the resource intensive nature of these projects, one instead of two projects will proceed. Preference has been given to the Allied Health Assistants skill delegation project. The two facilitators will collaborate to conduct this project. Stage one [awareness raising] has been initiated.
- Three separate projects have been initiated by participants in the Allied Health & Nursing Innovation & Leadership Group. Details about these projects will be provided in the next Board report.
- Dieticians will be rolling out the Malnutrition Universal Screening Tool [MUST] in wards over the next couple of months. This will enable nursing staff on the wards to identify patients who are malnourished, or are at risk of becoming malnourished, so that actions can be incorporated into the patient's care plan.
- Speech Language Therapists [SLT], with input from Dieticians, will be implementing a visual aid on wards regarding prescribed patient food and fluid intake. This tool is visually instructional and educational. This flip chart is intended to reduce risk and increase understanding.
- SLT have developed and introduced a Stroke Swallowing Screening tool for nurses on wards. Competency based training is provided by SLT to nurses to enable them to use this.
- The Social Work team has actively been making referrals to *Warm Up New Zealand: Healthy Homes* projects [funded by EECA]. Of the 24 people referred, 6 of their houses have been insulated so far.
- The *Safe Man – Safe Family* group has now been running for just over a year. An average of 10 men attend this group each week. The group is facilitated by a WCDHB Social Worker and a Counsellor from Relationships Aotearoa.
- Social Work is looking at ways to increase their capacity, across the District, to respond to patients with palliative care needs.

- New graduate OT's will receive additional training to conduct cognitive assessments and interpreting results. This has been identified through their clinical supervision.
- New graduates from three different disciplines [Dietetics, Occupational Therapy and Physiotherapy] are collaborating with a member of the Social Work team to develop an education session for patients awaiting Orthopaedic surgery. These sessions will run once a month. This will facilitate patients receiving necessary equipment prior to their surgery.
- OT, Social Work and Coasters will facilitate and participate in a workshop where they will each clarify their roles and responsibilities with the view to finding more collaborative, and innovative, ways of working together to achieve better patient outcomes for patients returning to the community post discharge.
- Preliminary work has commenced to investigate how cognitive capacity and psychological wellbeing assessments can be more effectively incorporated into discharge planning on wards and in the Emergency Department. It is envisioned that this scope of work will play a role in preventing failed discharges.
- A Pharmacy audit conducted in late May revealed two major issues to address in addition to many minor refinements. One of the issues was in relation to the unstable nature of WinDose; work to address this has commenced. The other issue was in relation to monitoring a medical grade fridge on one of the wards; work to address concerns is underway. The Auditor praised the work of the Pharmacy Department; she was particularly impressed with the level of patient centred service being provided. The Pharmacy Consultant is progressing recommendations in the absence of the new Pharmacy Manager, who starts on 10 June 2015.
- Allied Health staff have significantly contributed to the latest rounds of facilities design meetings.

Mental Health Services

- **Strengthening of Allied Health Input into Mental Health Services:** Long standing difficulties in recruiting experienced MH Occupational Therapists to positions on the West Coast for the past five years, were overcome 18 months ago when we appointed to the role on a 0.8 FTE basis. The task of providing Occupational therapy input to an average of 600 – 800 clients in the community across the Coast, as well as delivering a programme of activity in the Acute Inpatient unit and Kahurangi dementia unit, has required some creative thinking. It is therefore pleasing to report the following results:
  - An average of 8 groups are provided weekly in the Inpatient unit covering a range of topics including, anxiety management, mindfulness, sleep, social skills, managing difficult emotions, leisure and creative pursuits, physical activity, relaxation ,goal setting, wellness planning and managing own health, feeding the soul and anchoring hope, and music and art therapy
  - Work undertaken on a 1:1 basis with 33 individuals within the 3 community teams to either assist them to reintegrate back into the community after a period of inpatient care.
  - Delivery of an Anxiety group called Unknot me which is a collaborative effort with a peer support NGO – this group has been delivered 4 times now and comprises a 6 week closed group, which 33 recipients have participated in with excellent results and feedback.
  - Functional assessments delivered in a community setting.
  - The OT has driven the implementation of Sensory Modulation in both the Acute inpatient unit and The Dementia unit by sourcing equipment and providing leadership in the application of this approach.

- With this service now in place it is developing and referrals have increased, therefore our focus is on investigating ways of increasing the level of Occupational Therapy input into the service within our existing FTE through partnerships across the service, and the wider sector by establishing relationships with other organisations to increase the level of meaningful occupation and activity and rehabilitation opportunities for service users.
- The remaining teams within the mental health and addiction service are experiencing a general increase in the number of referrals. Kahurangi Dementia unit continues to experience high acuity and has assisted Morice ward by accommodating some overflow patients and utilising the Hannan staffing resource on most weeks. 58 clients and their families are supported by the dementia outreach programme.
- A Suicide Prevention and Post Vention strategy for the next two years was submitted to the Ministry last month and is awaiting endorsement by the WCDHB Suicide Prevention Governance Group.

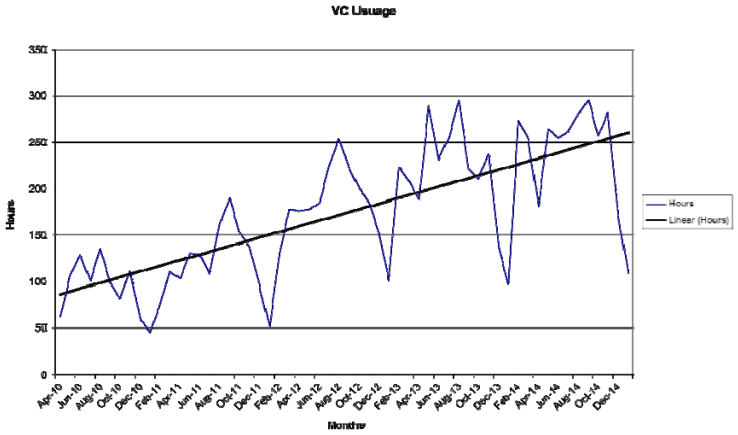
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- Patient transport to Christchurch for non-acute patient ambulance transfer between DHB hospitals is now via the scheduled Patient Transfer Service; the daily door to door transfer service. This new service commenced on 4 May 2015. Staff from St John and Grey Base Hospital are currently working together to refine transfer protocols to be used for patients who require this transalpine ambulance transport in order to maximise use of the dedicated vehicles and reduce the need for on-demand, out-of-schedule ambulance journeys.
- The new St John community health shuttle to assist people who are struggling to get to appointments at Grey Base Hospital, is being formally dedicated on 19 June 2015. The service will operate five days per week Monday to Friday between Hokitika and Greymouth, and will take in Blackball and Runanga areas as required. Where possible, it will be a door to door service. The health shuttle is supported by Four Square supermarkets and run by volunteers coordinated by St John. St John will ask for donations to help cover running costs, but have emphasised that the service will not be based upon people's ability to pay.
- West Coast DHB and Red Cross are currently working to further raise awareness and encourage greater use of the Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital. The service continues to run on a daily basis as required, at no cost to patients.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years. See the graph **overleaf** for monthly usage details.



- Note that due to an issue with the video conferencing providers reporting tools the above report is only updated until January 2015. The VC provider has nearly found a solution to this issue and the next board report should have an updated graph.

INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- There has been a redistribution of FTE to create part-time roles that will join CCCN to develop the Falls Prevention programme and Supported Discharge service. The Falls Prevention Programme will assist older people to regain and maintain condition, strength and balance thus having better quality of life and increased chances of remaining at home for longer. Supported Discharge will aim to identify older people who are able to leave hospital and provide restorative home rehabilitation.
- West Coast Allied Health and Planning and Funding staff participated in the first South Island Regional meeting to inform the joint ACC/MoH Hospital to Home Project. This project is part of a wider work programme to improve the patient journey for injured older people, the responsibility for whose care is shared by ACC, DHBs and/or MoH. The first meeting was a stocktake of the pathways and services for injured older people. Canterbury and West Coast staff collaborated to give a joint presentation.

B: Establish an Integrated Family Health Service [IFHS] in the Buller Community

- The Buller IFHC Design Team met with user groups on 10th June to commence concept planning.
- A series of meetings with staff, residents, families and the public took place on 11th June to outline the direction of travel for Older Persons' Health in Buller. Planning is underway to address social conditions such as housing and social isolation. Clinicians are also considering how existing wraparound services can be strengthened particularly after hours.

C: Establish an Integrated Family Health Service [IFHS] in the Grey/Westland Community

- Significant work is now underway in the Grey Westland area. This includes developing; a business model for Greymouth practices once they move into the IFHC; a model for unplanned and afterhours care; and, developing a "huddle" for the Grey area.

- South Westland are developing a new structure to provide more flexible coverage across the area, as well as using HML to improve access for patients to make appointments and contact the right people at the right time.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of April 2015 was a deficit of $0.091m, which was $3.0k unfavourable against the budgeted deficit of $0.088m. The year to date position is now $0.516m unfavourable.

	Monthly Reporting			Year to Date		
	Actual $'000	Budget $'000	Variance $'000	Actual $'000	Budget $'000	Variance $'000
Governance Arm	0	0	0	0	0	0
Funder Arm	258	(151)	409	3,210	(1,510)	4,720
Provider Arm	(349)	63	(412)	(4,606)	630	(5,236)
Consolidated Result	(91)	(88)	(3)	(1,396)	(880)	(516)

B: Implement Employee Engagement and Performance Management Processes

Employee Health and Wellness

- Staff wellbeing programme being developed for delivery on the Coast.
- Occupational Physiotherapist continues to deliver education sessions helping staff reduce and eliminate musculoskeletal pain and discomfort.
- The staff influenza program is continuing, with 42% of the workplace being immunised with further clinics planned for June.
- The WCDHB are part of the ACC's Work Safe Management Programme [WSMP] which requires an independent audit bi-annually and an internal self-assessment during the alternative year. The assessment was completed in May and we continue to meet the secondary requirements of the scheme.

Recruitment

- Recruitment has dropped significantly during May with only five new vacancies, with the total number of open vacancies being 13.
- GP recruitment is returning from Better Health to the DHB from July 1. The recruiter will also responsible for vacancies in Rural Health Medicine.

Learning and Development

- The Development Calendar has delivered "Workplace Bullying Intervention" course, a small number of attendees but good information was shared. This course is run twice throughout the year.
- Elearning is being revised for Orientation, the online material will not replace face to face orientation but will be made available to those who cannot make the face to face meeting. The rationale for this is that a number of staff cannot travel to Greymouth for the orientation and are disadvantaged due to rural isolation. Mandatory training is also being considered.
- Advertising for the Studentship programme has commenced and will follow the same programme as 2014.

C: Effective Clinical Information Systems

Windows XP replacement

- All DHBs need to have replaced or provided risk mitigation strategies for any Windows XP desktops in their organisation by April 2014. There is only 5 remaining migrations to go, down from 161 units originally. The remaining desktops to complete are all laboratory PCs and are isolated from accessing the internet as a security measure. IT and Canterbury Health Laboratories have resolved the remaining technical issues on these installs and will have these completed by next board report.

Mental Health Solution

- The Mental Health Solution software based in Health Connect South is undergoing some work to stabilise thesystem. Information is still being captured and displayed in Health Connect South, while the electronic workflow which comprises the Mental Health Solution software is not being used until the stabilisation issues are resolved. WCDHB, CDHB and Orion are working to resolve the stabilisation issues as a matter of urgency.

eReferrals

- The stage 2 eReferrals solution is now well over ½ way rolled out to the DHB, with stage 2 of the project now having completed 68 of the total 80 departments. Stage 2 provides electronic from the GP practice to Health Connect south. The referrals are then printed and sent to clinicians for triaging. Stage 3 which has yet to be deployed regionally creates a fully end to end electronic process.

National Patient Flow Phase 2

- The business case for phase 2 of National Patient flow is being prepared. This also requires a Patient Management System [iPM] upgrade which is occurring as part of business as usual. The new version of iPM will allow easier collection of data for National Patient Flow, as well as meeting July 1st mandatory reporting requirements. The business case for Phase 2 National Patient Flow will add a rules engine to IPM which will improve the data collection quality, as well as the extract reporting tool.

National Infrastructure Programme

- WCDHB attending several meetings on the implementation of NIP with detailed planning sessions having been completed. The implementation for this project has been pushed back nationally by several months, but at this stage it is planned to be implemented before the end of the year for WCDHB. A board paper seeking final approval on the National Infrastructure Programme implementation is in development.

IT Infrastructure replacement

- An investment in upgrading some systems at the end of their life has been approved with the remote access system, mail system, terminal replacement, and improvements to medtech32 all being completed.
  - The UPS power system replacement has arrived on site. Commissioning to take has been delayed due to resource constraints but is making slow progress. We are planning to have it fully commissioned by end of July.
  - Scoping work has begun on simplifying firewall access between WCDHB and CDHB. With a statement of work received and approve in progress.
- Business case approved for services to replace some Windows 2003 servers. There are 92 servers within the WCDHB datacentre, of which there are 27 remaining which need to be migrated. As part of this upgrade a significant amount of work is occurring in refreshing some systems based on these 2003 servers, including the replacement of both Mail and Web gateways, upgrades to Citrix systems, as well as removal of single points of failure within desktop delivery systems.

D: Effective two-way Communication and Stakeholder Engagement Activity Supporting Health System Transformation

External Communications

- Media interest: Orthopaedics
- Staff flu immunisations
- Buller IFHC – new design team
- New Grey facilities – including quake ratings, asbestos, funding
- Medical flights
- Youth services [secret shopper programme]
- High St Medical Centre changes
- New Buller doctors
- Community oral health facilities in Buller
- Kawatiri new babies same day as royal birth
- Flu season update
- Buller Older Persons' Health conversations
- Elective surgery on Coast following Minister's announcement for more funding

- Media releases were issued on:

  - Buller Older Persons' Health outcomes
  - Spectacular gains in health targets
  - New Cervical Screening Clinic venue
  - Warren & Mahoney lead Buller IFHC design team
  - Health & Disability Resource forums
  - General practice changes hands

Community Engagement

- Grass roots meetings with Soroptimists, Probus and Disability Resource Service
- Organising final Buller Older Persons' Health meetings
- Organised Buller Housing meeting with Planning & Funding Team Leader Phil Wheble, Buller GM Kathleen Gavigan, Housing New Zealand's Tenancy Services Manager for West Coast Dale Bradley & their South Island Community Engagement Manager Ray Tye, and Mayor Garry Howard

Internal Communications

- Weekly global updates being circulated
- Promoting flu vaccinations; Malnutrition Universal Screening Tool; Strategic Disability Action Plan

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

- **Smokefree May:** The theme for World Smokefree Day [31 May] / Smokefree May was 'It's about whanau'. The West Coast Tobacco Free Coalition decided to focus on early childhood centres this year. Smokefree resource packs have been delivered to 16 early childhood centres in Hokitika, Reefton, Greymouth, Westport and Karamea. The packs included balloons, pens for staff, World Smokefree Day poster, posters comparing the price of tobacco / cigarettes and grocery items, colouring in sheets and

smokefree messages for newsletters. Twelve packs have also been provided to PORSE educators who provide home-based early childhood education and care for up to four children at a time. The contents of the Smokefree pack have been discussed with early childhood education staff who were encouraged to talk about smokefree issues with the children during May. The response has been very positive and it is hoped that these early childhood centres will be open to being involved in a "Little Lungs" smokefree project in the future.

- **Alcohol – Combined Agency Agreement:** The Sale and Supply of Alcohol Act 2012 assigns roles and responsibilities to the Medical Officer of Health, the District Licensing Agency [Council liquor licensing inspectors] and the Police to assess applications for liquor licences and to ensure monitoring and compliance. The Act also states in section 295 that these agencies have a duty to collaborate. To formalise and strengthen their existing collaborative working relationship these agencies on the West Coast have decided recently to create a joint agreement that captures our common goal of reduction of alcohol-related harm. It will detail, amongst other things, the responsibilities of each agency, how we work together, share information and training and our commitment to joint monitoring and enforcement.

- **Submissions on Council Long Term Plans 2015-2025:** CPH staff are continuing to prepare submissions to local councils' long term plans [LTPs]. LTPs are ten year plans and are revised every three years. Councils play a large and important role in the health and well-being of the residents as they have responsibilities for many of the social and environmental determinants of health. CPH received feedback on their submission to the Grey District Council LTP. Feedback included:

  - Council's intention to work with CPH and others to develop sustainable walking and cycling infrastructure such as on road cycle lanes and cycle stands with the first priority to be development of Cycling and Pedestrian Hub.
  - Council's intention to provide ongoing support to the Enviroschools programme
  - Council commitment to working with others to develop a Youth Development Strategy for the district.
  - Council are cognisant of the need to plan for, and mitigate the effects of climate change. For example storm water systems will provide for the predicted effects of climate change.

- CPH has also completed submissions on the West Coast Regional Council's Proposed Regional Policy Statement and their LTP. Staff are currently working on submission to the Buller District Council and Westland District Council LTPs. CPH has also participated in submissions made on behalf of the West Coast Tobacco Free Coalition and Active West Coast. Copies of our submissions to the councils can be made available to Board members for their information.

Report prepared by: David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q4 13/14	Q1 14/15	Q2 14/15	Q3 1415	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	99.6%	99.6%	99.4%	99.4%	95%	✓	The West Coast DHB continues to achieve impressive results against the **shorter stays in ED health target**, with 99.4% of patients admitted, discharged or transferred from ED within six hours during Quarter 3.
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,695	425 YTD	878 YTD	1,288 YTD	1,157 *Q3*	✓	The West Coast DHB met the **Improved Access to Elective Surgery Health Target** during Quarter 3 exceeding target by 131 discharges. 1,288 discharges against our 1,157 target means we achieved 111.3% of our year-to-date target.
Faster Cancer Treatment[2] Patients receive their first cancer treatment [or other management] within 62 days of being referred with a high suspicion of cancer	*New*	*New*	72.7%[3]	62.5%	85%	✗	In the second official Quarter of the revised **Faster Cancer Treatment Health Target**, **62.5%** of patients received their first cancer treatment [or other management] within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge, missing target by one patient. Work is ongoing to improve the capture and quality of the Faster Cancer Treatment data which will affect performance over the next few quarters.
Increased Immunisation Eight-month-olds fully immunised	81%	77%	82%	89%	95%	✗	Although not meeting target, we are pleased to have increased coverage by 7% against the **Increased Immunisation Health Target,** vaccinating 89% of our eligible population. Opt-off & declines were lower this quarter at a combined total of 10%—an 8% drop on the previous quarter which is reflected in our improved results. 99% of the reachable population were immunised with only one child overdue at their milestone age. This child had a bad reaction to immunisations.
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit	95%	93%	94.7%	97.8%	95%	✓	During Quarter 2, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support – exceeding the **secondary care better help for smokers to quit health target**. Best practice initiatives previously reported continue, with the effects of small numbers remaining challenging.

1 This report is calculated from both Greymouth and Buller Emergency Departments.
2 This target replaces the Shorter Waits for Cancer Treatment target from Quarter 2 onwards.
3 This was previously reported as 83.3% in error, new MoH data states the final result was 72.7%.

Target	Q4 13/14	Q1 14/15	Q2 14/15	Q3 1415	Target	Current Status	Progress
Better Help for Smokers to Quit Smokers attending **primary** care receive help and advice to quit	61.9%	71.3%	78.3%	94%	90%	✓	Performance against the **Primary Care Smokers Better Help to Quit Health Target** delivered an encouraging result exceeding the target. West Coast general practices have reported giving **4,575** smokers cessation advice in the 12 months ending March 2015, representing **94%** of smokers expected to attend general practice during the period.
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	76.6%	78.9%	82.6%	90.3%	90%	✓	Performance against the **More Heart and Diabetes Checks Health Target** continues to steadily increase with 90.3% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years during Quarter 3. Meeting the target represents a significant first-time accomplishment.

CLINICAL LEADERS UPDATE

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Clinical Leaders**

DATE: **26 June 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as a regular update.

2. RECOMMENDATION

That the Board:
i. notes the Clinical Leaders Update

3. DISCUSSION

Workforce
Work continues on The Nursing Workforce Strategy with a project underway to develop a plan for future nursing workforce requirements within the model of care and new facilities. Mapping current state and a clearly outlined future state will enable a well organised plan in nursing workforce development. Nursing leadership across the system is engaged in this process.

The Allied and Nursing Leadership and Innovation Group have self selected three priority projects to support changes underway in regard to the model of care and workforce development. One of which is an agreed education mapping framework that ensures individual and service needs are being met, that is able to be used for both allied and nursing professionals. The second project is to develop and refine the restorative rehabilitation model for the medical service with a focus on improving the patient journey and patient outcomes. The third project is focused on improving the integration between hospital services and primary care.

Quality and Safety
The Clinical Quality Improvement Team (CQIT) has met to rescope and reframe the purpose and focus of this group. Paul Norton, Quality Manager has taken over the leadership of this team and the Clinical Leaders will continue to be actively engaged to support clinicians in decision making and the roll out of quality and safety initiatives. CQIT will remain aligned to the Health Quality and Safety Commission priorities for 2015/16 which include falls minimisation, medication safety, surgical safety and hand hygiene.

Facilities Planning
Clinicians continue to be well engaged in all facilities design work streams, with detailed design underway.

Integrated West Coast Health System:
Clinical Leaders from all parts of the West Coast system continue to be involved in leading the work of the Alliance and the Clinical Board. The renewed focus of the Clinical Board has it aligned to regional and national quality initiatives such as reducing harm from falls and consumer engagement. There are a number of vacancies that are currently being filled including consumer roles.

Transalpine:
In a follow up to the workshop held in 2014 there are a number of speciality and service discussions underway to improve the transalpine models of care and identify the workforce and other system enablers that will need to prioritised for implementation.

4. CONCLUSION

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by: Stella Ward, Executive Director of Allied Health
Karyn Bousfield, Director of Nursing & Midwifery

FINANCE REPORT

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **General Manager, Finance**

DATE: **26 June 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board, a more detailed report is presented and received by the Quality, Finance, Audit and Risk Committee (QFARC) prior to this report being prepared.

2. RECOMMENDATION

That the Board:

i. notes the financial results for the period ended 30 April 2015.

3. DISCUSSION

Overview of April 2015 Financial Result

The financial information in this report represents a summary and update of the financial statements forwarded to the Ministry of Health and presented to and reviewed by QFARC. The consolidated West Coast District Health Board financial result for the month of April 2015 was a deficit of $0.091m, which was $3.0k unfavourable against the budgeted deficit of $0.088m. The year to date position is now $0.516m unfavourable. The table below provides the breakdown of April's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,850	6,957	(107)	×	68,417	69,570	(1,153)	×
Governance & Administration	126	69	57	√	748	690	58	√
Funds & Internal Eliminations	4,816	4,572	244	√	47,311	45,720	1,591	√
	11,792	11,598	194	√	116,476	115,980	496	√
EXPENSES								
Provider								
Personnel	5,371	4,949	(422)	×	52,364	49,490	(2,874)	×
Outsourced Services	19	73	54	√	68	730	662	√
Clinical Supplies	550	612	62	√	6,238	6,120	(118)	×
Infrastructure	1,041	723	(318)	×	9,440	7,230	(2,210)	×
	6,981	6,357	(624)	×	68,110	63,570	(4,540)	×
Governance & Administration	126	69	(57)	×	748	690	(58)	×
Funds & Internal Eliminations	4,558	4,723	165	√	44,101	47,230	3,129	√
Total Operating Expenditure	11,665	11,149	(516)	×	112,959	111,490	(1,469)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	127	449	(322)	×	3,517	4,490	(973)	×
Interest, Depreciation & Capital Charge	218	537	319	√	4,913	5,370	457	√
Net surplus/(deficit)	(91)	(88)	(3)	×	(1,396)	(880)	(516)	×

4. APPENDICES

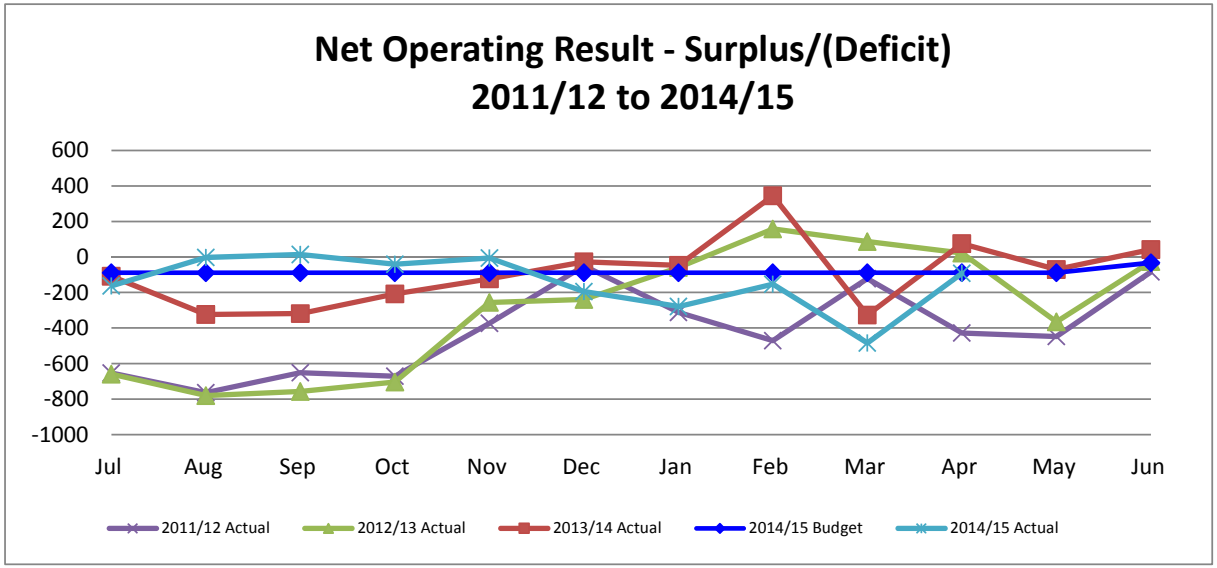
Appendix 1:	Financial Results for the period ending 30 April 2015
Appendix 2:	Statement of Financial Performance – April 2015
Appendix 3:	Statement of Financial Position – April 2015
Appendix 4:	Cashflow – April 2015

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – APRIL 2015

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(91)	(88)	(3)	3% ✗	(1,396)	(880)	(516)	59% ✗

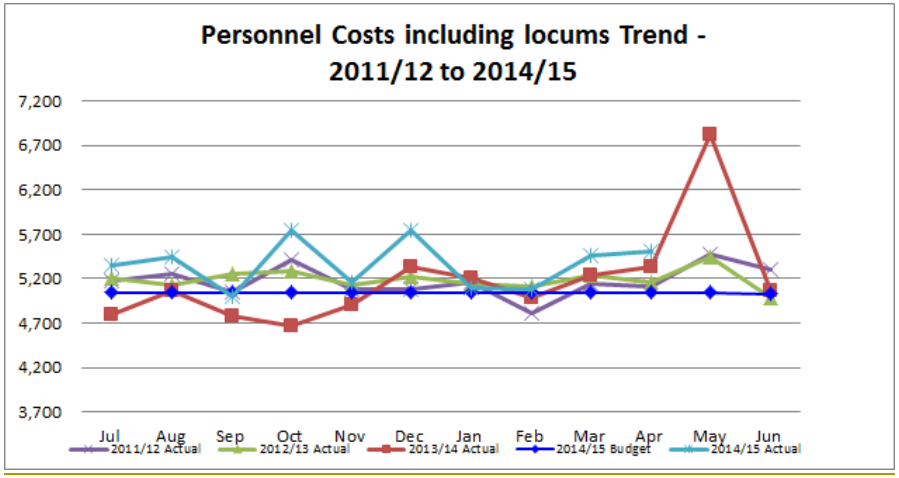


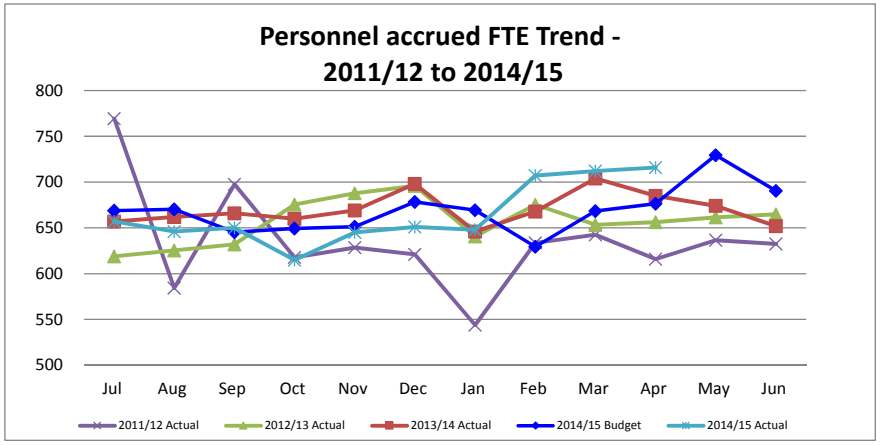
We had originally submitted an Annual Plan with a breakeven position, however due to the removal of $1m of Transitional funding we have resubmitted an annual plan with a deficit of $1m, which was been approved in May. The comparative in this graph has been adjusted to reflect the removal of $1m transitional funding as instructed.

KEY RISKS AND ISSUES

The April result has maintained pressure on the ability to achieve our full year break even position as indicated in the District Annual Plan.
Significant effort has been focussed on a number of areas where it is believed that a sustained improvement in efficiency can be made. The achievement of this will be spread over the remainder months of the year, however we remain confident that we can achieve the planned position for year end.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

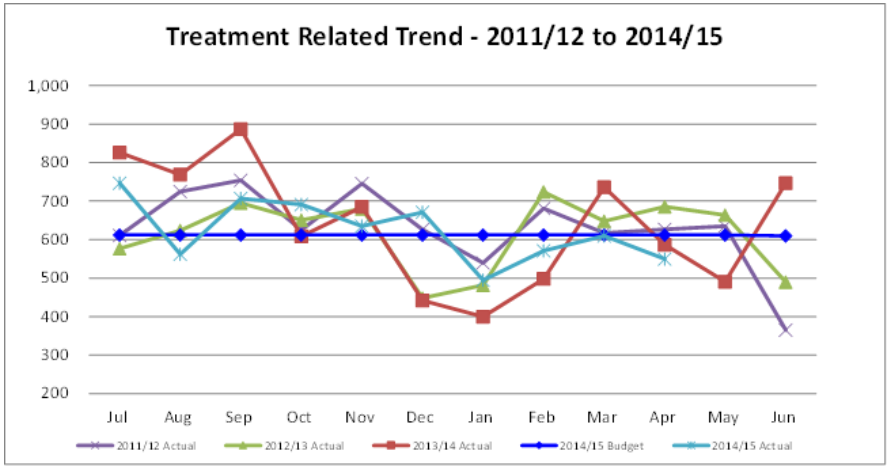


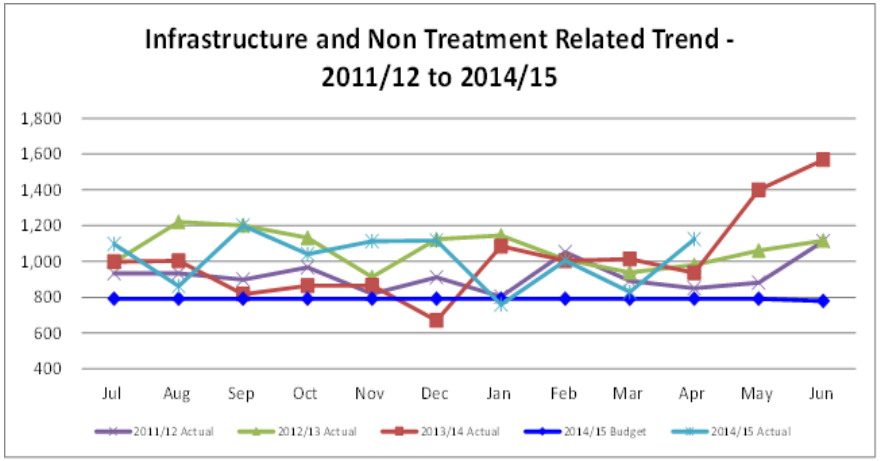


KEY RISKS AND ISSUES

Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by unexpected turnover which in turn require more reliance on short term placements, which are more expensive than permanent staff. A comprehensive review of staffing and associated costs is being completed to assist with management and mitigation of this spend; in addition we are actively exploring options for our workforce to reposition the resources to areas where they are most required.

TREATMENT & NON TREATMENT RELATED COSTS



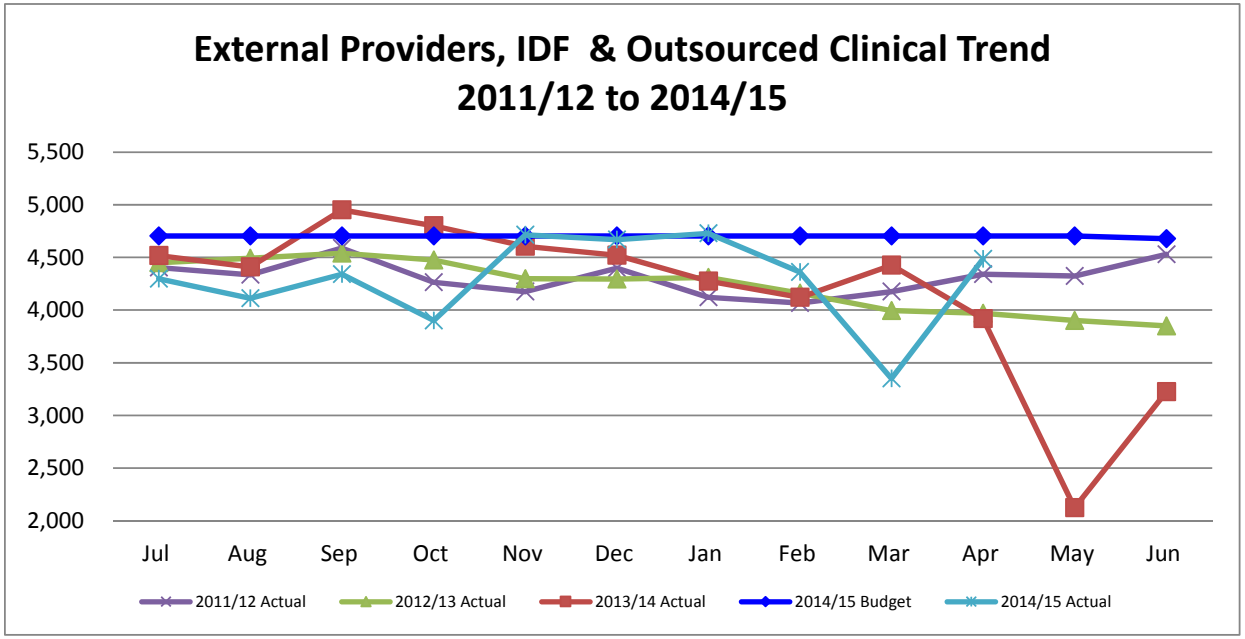


KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels; we are continuing to refine contract management practices to generate savings in these areas.

Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

EXTERNAL PROVIDER COSTS



KEY RISKS AND ISSUES

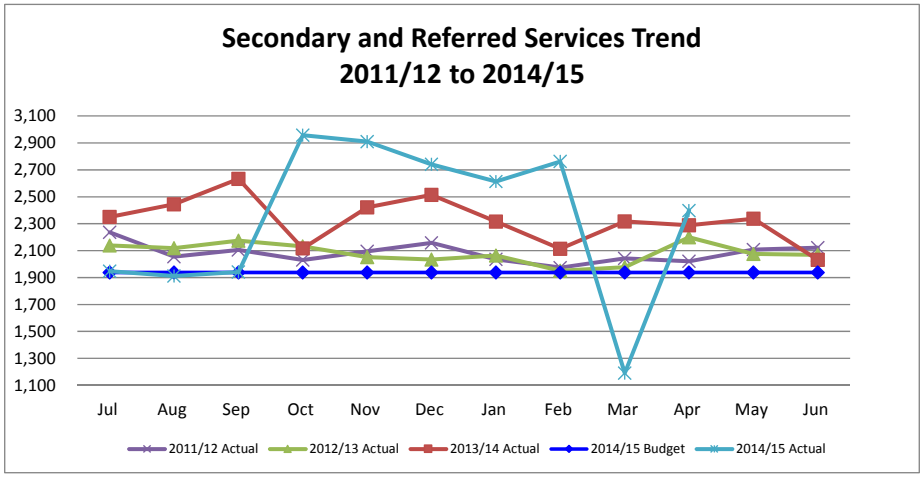
Capacity constraints within the system require continued monitoring of trends and demand for services.

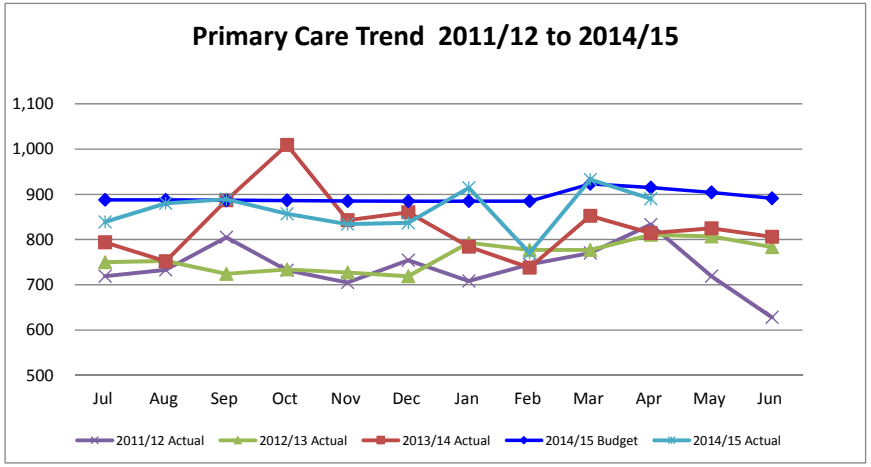
Planning and Funding Division

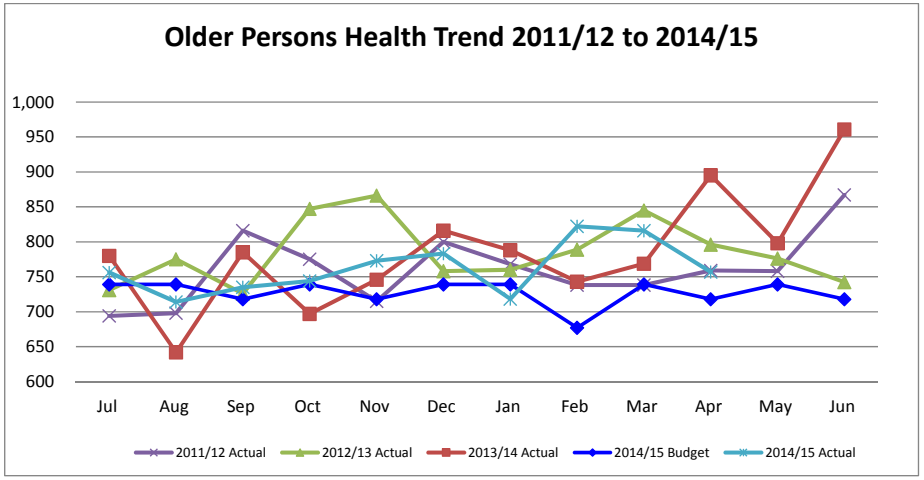
Month Ended April 2015

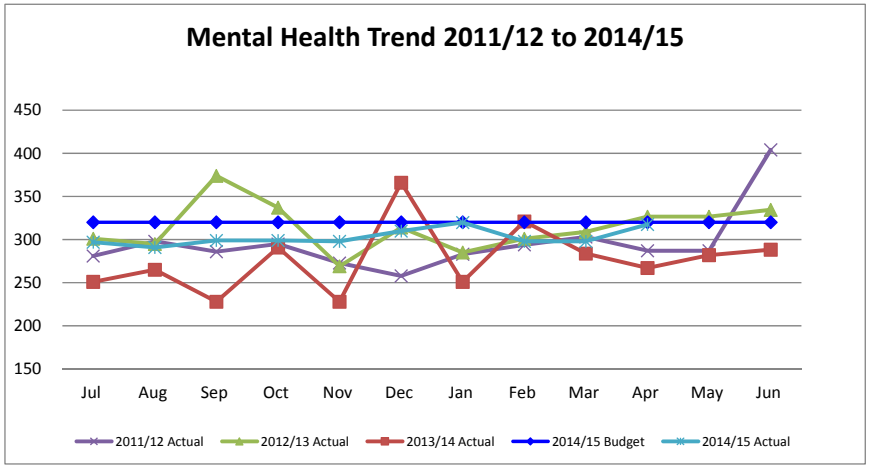
Current Month					SERVICES	Year to Date					2014/15
Actual	Budget	Variance				Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
49	36	-13	-35%	✗	Dental-school and adolescent	317	362	45	12%	✓	434
25	2	-23	-1365%	✗	Maternity	44	17	-27	-159%	✗	20
0	1	1	100%	✓	Pregnancy & Parent	2	6	4	66%	✓	8
0	3	3	100%	✓	Sexual Health	0	28	28	100%	✓	33
2	3	1	36%	✓	General Medical Subsidy	20	30	11	35%	✓	36
474	522	48	9%	✓	Primary Practice Capitation	5,008	5,215	207	4%	✓	6,258
91	91	0	0%	✓	Primary Health Care Strategy	910	911	1	0%	✓	1,093
91	80	-11	-14%	✗	Rural Bonus	827	802	-25	-3%	✗	963
6	5	-1	-20%	✗	Child and Youth	53	49	-4	-8%	✗	59
35	34	-1	-3%	✗	Immunisation	111	120	10	8%	✓	153
5	5	0	2%	✓	Maori Service Development	48	48	0	1%	✓	58
52	53	1	1%	✓	Whanau Ora Services	522	528	6	1%	✓	634
6	18	12	66%	✓	Palliative Care	163	182	19	10%	✓	218
0	0	0		✓	Community Based Allied Health	0	0	0		✓	0
9	9	0	1%	✓	Chronic Disease	88	89	1	1%	✓	106
46	54	8	16%	✓	Minor Expenses	477	539	62	11%	✓	647
890	**915**	**25**	**3%**	✓		**8,589**	**8,927**	**338**	**4%**	✓	10,722
					Referred Services						
26	24	-2	-10%	✗	Laboratory	237	236	-1	-1%	✗	283
556	614	58	9%	✓	Pharmaceuticals	6,330	6,596	266	4%	✓	7,961
582	**638**	**56**	**9%**	✓		**6,567**	**6,832**	**265**	**4%**	✓	8,244
					Secondary Care						
204	202	-3	-1%	✗	Inpatients	1,617	2,017	399	20%	✓	2,420
124	101	-23	-22%	✗	Radiolgy services	1,114	1,010	-104	-10%	✗	1,212
132	115	-17	-15%	✗	Travel & Accommodation	1,109	1,150	40	4%	✓	1,380
1,357	1,520	163	11%	✓	IDF Payments Personal Health	12,497	15,202	2,705	18%	✓	18,242
1,817	**1,938**	**121**	**6%**	✓		**16,338**	**19,379**	**3,041**	**16%**	✓	23,254
3,289	**3,490**	**202**	**6%**	✓	**Primary & Secondary Care Total**	**31,494**	**35,138**	**3,644**	**10%**	✓	**42,220**
					Public Health						
12	25	13	53%	✓	Nutrition & Physical Activity	159	248	90	36%	✓	298
6	7	1	19%	✓	Public Health Infrastructure	61	74	13	18%	✓	88
-3	5	8	164%	✓	Tobacco control	67	49	-19	-39%	✗	58
	0	0		✓	Screening programmes	-2	0	2		✓	0
15	**37**	**23**	**61%**	✓	**Public Health Total**	**285**	**370**	**86**	**23%**	✓	**445**
					Mental Health						
25.8	7	-19	-260%	✗	Dual Diagnosis A&D	90	72	-18	-25%	✗	86
2	2	0	-4%	✗	Eating Disorders	19	19	0	0%	✓	23
20	20	0	1%	✓	Child & Youth Mental Health Services	200	203	3	1%	✓	243
5	5	0	1%	✓	Mental Health Work force	62	51	-12	-23%	✗	61
61	61	1	1%	✓	Day Activity & Rehab	607	613	5	1%	✓	735
11	11	0	2%	✓	Advocacy Consumer	107	108	2	1%	✓	130
81	82	1	1%	✓	Other Home Based Residential Support	808	819	10	1%	✓	982
11	11	0	1%	✓	Advocacy Family	110	112	2	1%	✓	134
10	29	19	66%	✓	Community Residential Beds	88	287	200	69%	✓	345
	0	0	100%	✓	Minor Expenses	0	1	1	100%	✓	1
92	92	0	0%	✗	IDF Payments Mental Health	916	916	0	0%	✓	1,100
318	**320**	**2**	**1%**	✓		**3,007**	**3,199**	**193**	**6%**	✓	3,839
					Older Persons Health						
	0	0	100%	✓	Information and Advisory	0	1	1	100%	✓	1
0	0	0		✓	Needs Assessment	0	0	0		✓	0
69	64	-4	-7%	✗	Home Based Support	684	653	-31	-5%	✗	784
4	9	5	54%	✓	Caregiver Support	57	89	32	36%	✓	107
259	209	-50	-24%	✗	Residential Care-Rest Homes	2,603	2,114	-489	-23%	✗	2,538
5	10	5	54%	✓	Residential Care-Community	46	100	55	55%	✓	120
346	338	-7	-2%	✗	Residential Care-Hospital	3,468	3,426	-42	-1%	✗	4,114
	0	0		✓	Ageing in place	0	0	0		✗	0
9	10	1	9%	✓	Day programmes	91	99	8	8%	✓	118
5	18	14	75%	✓	Respite Care	94	184	90	49%	✓	220
4	1	-2	-194%	✗	Community Health	15	13	-2	-16%	✗	15
0	0	0	100%	✓	Minor Disability Support Expenditure	1	2	2	71%	✓	3
58	58	0	0%	✓	IDF Payments-DSS	582	582	-1	0%	✗	698
757	**718**	**-41**	**-6%**	✗		**7,640**	**7,263**	**-377**	**-5%**	✗	8,720
1,075	**1,038**	**-39**	**-4%**	✗	**Mental Health & OPH Total**	**10,647**	**10,462**	**-185**	**-2%**	✗	**12,559**
4,378	**4,566**	**188**	**4%**	✓	**Total Expenditure**	**42,426**	**45,971**	**3,545**	**8%**	✓	**55,223**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	8,701	27,204	(18,503)	-68%	✕	72,537
Cash	6,402	9,709	(3,307)	-34%	✕	10,037

KEY RISKS AND ISSUES

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

APPENDIX 2: WEST COAST DHB STATEMENT OF FINANCIAL PERFORMANCE

For period ending 30 April 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Operating Revenue								
Crown and Government sourced	11,293	11,126	167	1.5%	111,652	111,260	392	0.4%
Inter DHB Revenue	1	3	(2)	(66.7%)	34	30	4	13.3%
Inter District Flows Revenue	120	129	(9)	(7.0%)	1,290	1,290	0	0.0%
Patient Related Revenue	238	230	8	3.5%	2,520	2,300	220	9.6%
Other Revenue	140	110	30	27.3%	980	1,100	(120)	(10.9%)
Total Operating Revenue	11,792	11,598	194	1.7%	116,476	115,980	496	0.4%
Operating Expenditure								
Personnel costs	5,504	5,043	(461)	(9.1%)	53,615	50,430	(3,185)	(6.3%)
Outsourced Services	19	22	3	13.6%	68	220	152	69.1%
Treatment Related Costs	550	612	62	10.1%	6,239	6,120	(119)	(1.9%)
External Providers	2,951	2,934	(17)	(0.6%)	28,511	29,340	829	2.8%
Inter District Flows Expense	1,434	1,670	236	14.1%	13,925	16,700	2,775	16.6%
Outsourced Services - non clinical	83	76	(7)	(9.2%)	454	760	306	40.3%
Infrastructure and Non treatment related costs	1,124	792	(332)	(41.9%)	10,147	7,920	(2,227)	(28.1%)
Total Operating Expenditure	11,665	11,149	(516)	(4.6%)	112,959	111,490	(1,469)	(1.3%)
Result before Interest, Depn & Cap Charge	127	449	(322)	(71.7%)	3,517	4,490	973	21.7%
Interest, Depreciation & Capital Charge								
Interest Expense	63	114	51	44.7%	628	1,140	512	44.9%
Depreciation	89	327	238	72.8%	3,628	3,270	(358)	(10.9%)
Capital Charge Expenditure	66	96	30	31.3%	657	960	303	31.6%
Total Interest, Depreciation & Capital Charge	218	537	319	59.4%	4,913	5,370	457	8.5%
Net Surplus/(deficit)	(91)	(88)	(3)	(3.4%)	(1,396)	(880)	(516)	(58.6%)
Other comprehensive income								
Gain/(losses) on revaluation of property								
Total comprehensive income	(91)	(88)	(3)	(3.4%)	(1,396)	(880)	(516)	(58.6%)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 30 April 2015

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	25,372	24,790	582	2.3%	26,996
Intangible assets	1,088	1,281	(193)	(15.1%)	1,517
Work in Progress	512	40,012	(39,500)	(98.7%)	74
Other investments	643	567	76	13.4%	227
Total non-current assets	27,615	66,650	(39,035)	(58.6%)	28,814
Current assets					
Cash and cash equivalents	6,402	9,709	(3,307)	(34.1%)	7,483
Patient and restricted funds	70	60	10	16.7%	79
Inventories	1,078	1,100	(22)	(2.0%)	1,010
Debtors and other receivables	6,869	4,218	2,651	62.8%	7,686
Assets classified as held for sale	136	136	0	0.0%	136
Total current assets	14,555	15,223	(668)	(4.4%)	16,394
Total assets	42,170	81,873	(39,703)	(48.5%)	45,208
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	14,195	32,195	18,000	55.9%	10,695
Employee entitlements and benefits	2,909	2,895	(14)	(0.5%)	2,636
Total non-current liabilities	17,104	35,090	17,986	51.3%	13,331
Current liabilities					
Interest-bearing loans and borrowings	250	3,250	3,000	92.3%	3,750
Creditors and other payables	7,082	7,233	151	2.1%	9,927
Employee entitlements and benefits	9,033	9,096	63	0.7%	9,203
Total current liabilities	16,365	19,579	3,214	16.4%	22,880
Total liabilities	33,469	54,669	21,200	38.8%	36,211
Equity					
Crown equity	70,761	88,761	18,000	20.3%	69,661
Other reserves	19,569	19,569	0	0.0%	19,569
Retained earnings/(losses)	(81,668)	(81,165)	503	0.6%	(80,272)
Trust funds	39	39	0	0.0%	39
Total equity	8,701	27,204	18,503	68.0%	8,997
Total equity and liabilities	42,170	81,873	(39,703)	(48.5%)	45,208

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 30 April 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	11,312	11,549	(237)	(2.1%)	105,816	115,490	(9,674)	(8.4%)
Cash paid to employees	(6,566)	(5,043)	(1,523)	(30.2%)	(53,893)	(50,430)	(3,463)	(6.9%)
Cash paid to suppliers	(1,742)	(1,502)	(240)	(16.0%)	(8,781)	(15,020)	6,239	41.5%
Cash paid to external providers	(3,071)	(2,934)	(137)	(4.7%)	(29,801)	(29,340)	(461)	(1.6%)
Cash paid to other District Health Boards	(1,314)	(1,670)	356	21.3%	(12,635)	(16,700)	4,065	24.3%
Cash generated from operations	(1,381)	400	(1,781)	(445.3%)	706	4,000	(3,294)	(82.4%)
Interest paid	(63)	(114)	51	44.7%	(564)	(1,140)	576	50.5%
Capital charge paid	(66)	(96)	30	31.3%	(657)	(960)	303	31.6%
Net cash flows from operating activities	(1,510)	190	(1,700)	(894.7%)	(515)	1,900	(2,415)	(127.1%)
Cash flows from investing activities								
Interest received	46	49	(3)	(6.1%)	419	490	(71)	(14.5%)
(Increase) / Decrease in investments	0	0	0		0	(402)	402	100.0%
Acquisition of property, plant and equipment	(215)	(4,062)	3,847	94.7%	(2,016)	(40,620)	38,604	95.0%
Acquisition of intangible assets		0	0		(2)	0	(2)	
Net cash flows from investing activities	(169)	(4,013)	3,844	(95.8%)	(1,599)	(40,532)	38,933	96.1%
Cash flows from financing activities								
Proceeds from equity injections	0	9,000	(9,000)	(100.0%)	1,101	18,000	(16,899)	(93.9%)
Repayment of equity	0	0	0		(68)	0	(68)	
Cash generated from equity transactions	0	9,000	(9,000)	(100.0%)	1,033	18,000	(16,967)	(94.3%)
Borrowings raised	0	0	0		0	0	0	
Repayment of borrowings	0	0	0		0	21,000	(21,000)	(100.0%)
Payment of finance lease liabilities			0				0	
Net cash flows from financing activities	0	0	0		0	21,000	(21,000)	(100.0%)
Net increase in cash and cash equivalents	(1,679)	5,177	(6,856)	(132.4%)	(1,081)	368	(1,449)	(393.8%)
Cash and cash equivalents at beginning of period	8,081	4,532	3,549	78.3%	7,483	9,341	(1,858)	(19.9%)
Cash and cash equivalents at end of year	6,402	9,709	(3,307)	(34.1%)	6,402	9,709	(3,307)	(34.1%)

CROWN ENTITIES ACT 2004 CHANGES

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Finance**

DATE: **26 June 2015**

Report Status – For:	Decision	☑	Noting	☐	Information	☑

1. ORIGIN OF THE REPORT

Significant amendments to the Crown Entities Act 2004 were enacted in July 2013 applying from the 2014/15 financial year onwards. One of the main changes is that separate financial statements, audits, and reports are not required for the parent or subsidiaries in many cases. This report provides a recommendation to the West Coast DHB (WCDHB) Board on these main changes.

2. RECOMMENDATION

That the Board:

i. notes the changes to the Crown Entities Act 2004; and

ii. approves as follows:

   a. South Island Shared Services Agency Ltd is no longer required to prepare separate financial statements, nor be audited.

3. DISCUSSION

Year end planning discussions with Audit NZ have identified changes to the Crown Entities Act 2004 that may impact the preparation and audit of WCDHB. Correspondence from Audit NZ summarises the changes as follows:

"Significant amendments to the Crown Entities Act 2004 were enacted in July 2013 and these will apply from the 2014/15 financial year onwards. At a general level, the changes are part of a package of reforms to this Act, the Public Finance Act 1989, and the State Sector Act 1988. Together, the changes are designed to enable the state sector to develop stronger leadership, organise itself around results more effectively, and collaborate more effectively.

One of the main changes is to reduce the number of entities that need to prepare separate financial statements and have them audited. The general rule in the Crown Entities Act 2004 now requires only group financial statements to be prepared and audited. Separate financial statements, audits and reports are not required for the parent, ordinary subsidiaries, or multi-parent subsidiaries.

However, there are some exceptions or additional factors which can displace this general rule. These are:

- *The Minister of Finance has a statutory power to require an individual entity to report separately to enhance accountability.*
- *A multi-parent subsidiary still has to report separately if it has a school or a tertiary education institution as one of its parents.*

- *The entity's activities may trigger a reporting requirement under some other legislation, for example, if the entity is raising funds from the public it may be required to report under the Financial Markets Conduct Act 2013.*
- *Individual entities with their own founding document, such as a trust deed or constitution, may have a reporting requirement in that document which still applies."*

If the entities are not required to be audited, the entity or shareholder can request for an audit to be carried out. The scope of the audit would not change, although the audit opinion would be issued under a different section of the Public Audit Act.

There is one main area to consider:

1. South Island Shared Services Agency (SISSAL) – financial statements and audit.

   SISSAL is a non-trading company owned by South Island DHBs. West Coast DHB's shareholding is 4%. The former activities of SISSAL are being conducted by the South Island Alliance Programme Office under the umbrella of Canterbury DHB under an agency agreement with South Island DHBs.

   The benefits of not undertaking an audit are the saving in audit fees and the time associated with the preparation of a full set of financial statements.

   The constitution of SISSAL has yet to be checked. However, subject to their constitution not requiring an audit to be undertaken, as well as agreement from the other shareholding DHBs, it is recommended that SISSAL is no longer required to prepare separate financial statements, nor be audited.

Report prepared by:	David Green, CDHB Financial Controller
Report approved by:	Justine White, GM Finance

MAORI HEALTH PLAN UPDATE

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **General Manager, Maori Health**

DATE: **26 June 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to Community & Public Health & Disability Support Advisory Committee and the Board as a regular update.

2. RECOMMENDATION

That the Board, as recommended by the Community & Public Health & Disability Support Advisory Committee:

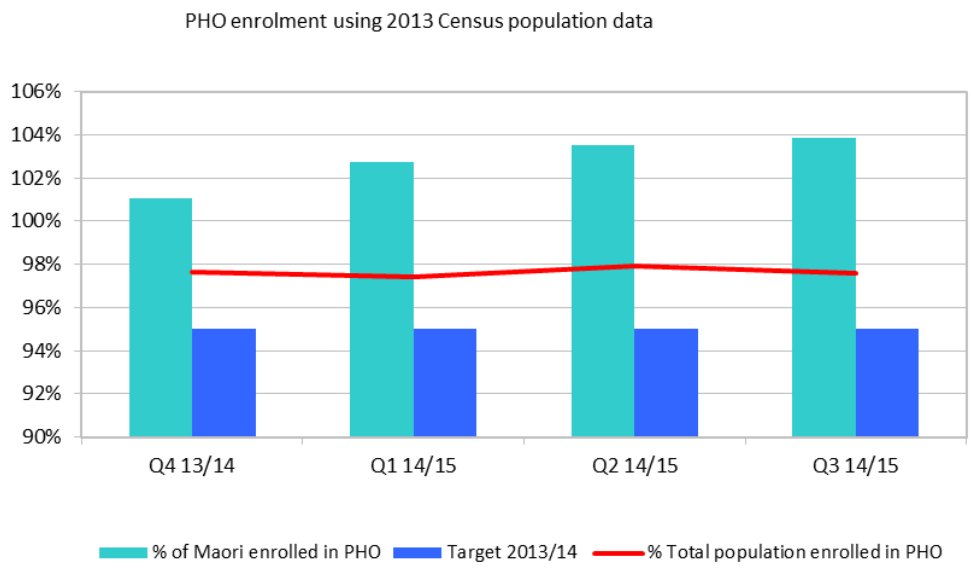
i notes the Maori Health Plan Update.

3. SUMMARY

Maori Health Quarterly Report – Q3, 2014/15

Access to care

Percentage of Maori enrolled in the PHO



*** 2006 census population was used as the denominator.**

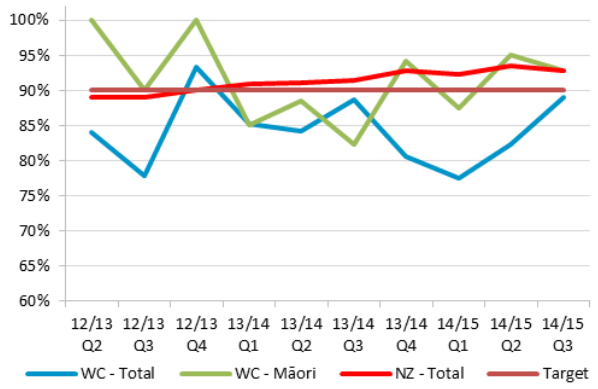
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2013 population census figures 104% of Maori were enrolled with the PHO as at 31 March 2015. 3293 Maori were enrolled in quarter 3 compared to 3283 in quarter 2 and increase of 10and an increase of 35 since Quarter 1.

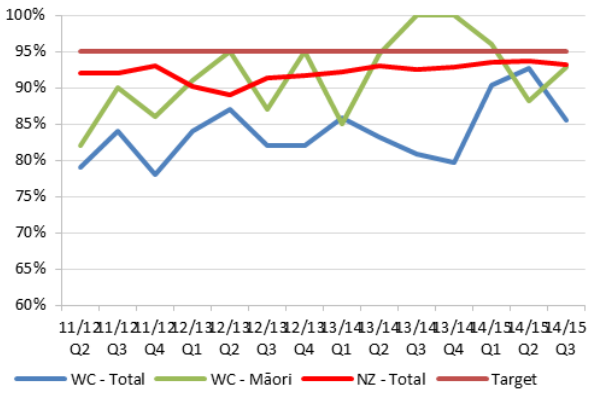
The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



More Heart & Diabetes checks

Eight-month-old immunisation: 93% of Maori babies have been immunised on time at 8 months of age in quarter 3 – 13 babies out of 14 eligible for this quarter meaning only 1 Maori baby is not immunised on time. This is compared to 89% of non-Maori babies where 89 from 100 eligible babies have been immunised.

Two-year-old immunisation: 93% of Maori 2 year olds have been immunised on time in Quarter 3 – 28 from 26 eligible babies. This is compared to 93% NZ European babies - 53 from 57 eligible babies

Although not meeting target, we are pleased to have increased coverage by 7% during Quarter 3, vaccinating 89% of our eligible population. Opt-off & declines decreased this quarter at a combined total of 10%—an 8% drop on the previous quarter which is reflected in our improved results. 99% of the reachable population were immunised with only one child overdue at their milestone age.

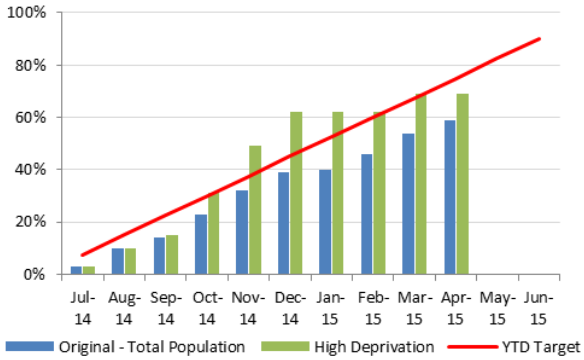
Breastfeeding Support: The community lactation consultancy and breastfeeding advocate have made 55 contacts including 47 face to face (home visits/clinic) to provide breastfeeding support. There have been 6 Maori clients in Quarter 3. Of the 55 newborn contacts, 5 required further follow up for lactation support.

Mum 4 Mums

There have been 12 Mum for Mums trained as at 31 March 2015. Only 1 has been Maori however we have been devising strategies for improving this number which include working alongside Mums engaged in Mana Tamariki Mana Mokopuna.

Newborn Enrolment: The Newborn enrolment form and process is now embedded into services. This ensures timely enrolment to 5 services; Community Oral Health service, National Immunisation Register, General Practice, Breastfeeding Support, Well Child/Tamariki ora service.

B4 School Check coverage

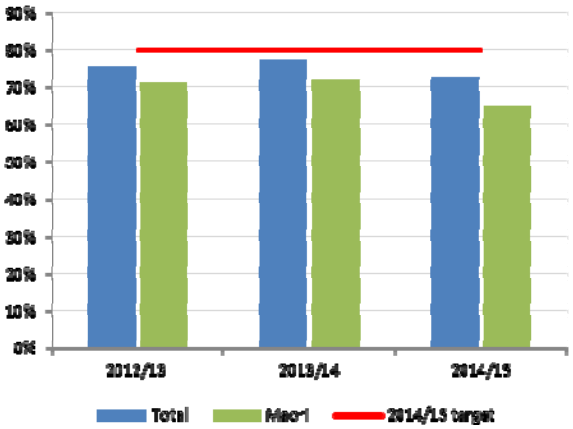


B4 School Check coverage: B4 School Check coverage is struggling to meet target again during April—having delivered 59% coverage against our 75% YTD target. Previously highlighted issues continue to affect progress with the service promoting extra clinic dates. The service now has an active social media presence and is connecting with other groups across the Coast in an effort to more directly target whanau with eligible children.

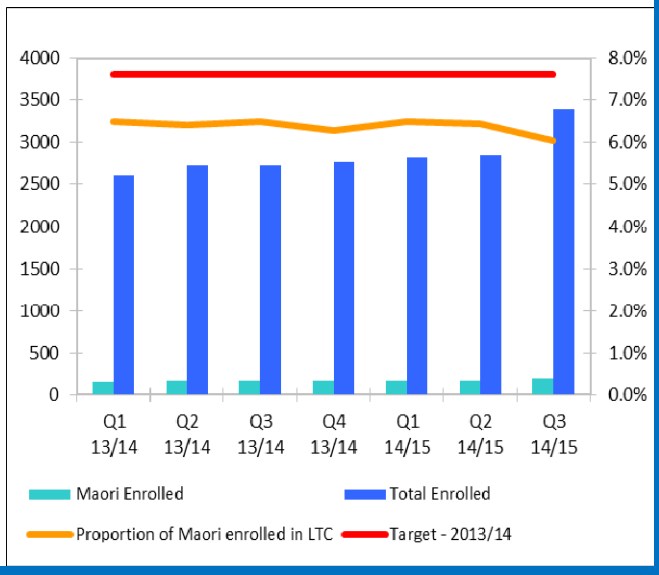
More Heart & Diabetes checks

Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year

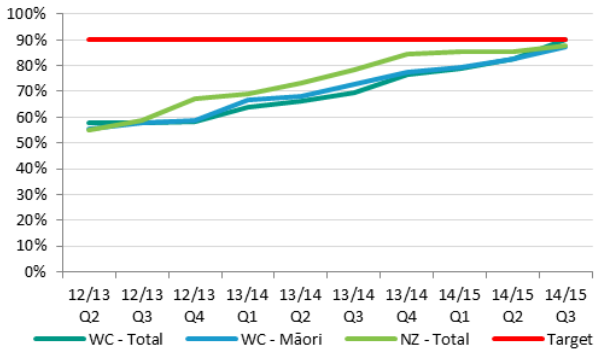
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of people enrolled in the Long Term Condition Programme



More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



Diabetes

Maori still continue to show a good rate of access to Diabetes Annual Reviews. 74 Maori have participated in an Diabetes Annual Review. 84% of Maori with diabetes have had Retinal Exams, 64% show HBA1c levels at or below 8.0, 60% are non-smokers and 48% are on statins.

CVD Health Target

Performance increased 7.6% this quarter, meeting the target for the first time with a result of 90.3%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives.

Maori make up 8% of CVRAs this quarter. By comparison, Maori make up 9.8% (1019) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 87% of those eligible have been screened: this includes 84% of eligible males and 91% of eligible females.

The smoking profile for CVRAs completed this quarter for Maori is 68% not smoking compared with other ethnicities screened not smoking 80%.

In achieving this result, there have been a record number of patients having had their reviews (1040 during the 12-month period); with a number of additional patients having been identified with poor control and now needing closer follow up. Among those patients provided with a diabetes annual review during the 12 months to March 2015, the number with good management of their diabetes has slipped back to 73%. Maori rates for the period slipped to 65%. We are endeavouring to encourage closer use of the Diabetes Nurse Specialist care expertise within general practice to turn this around).

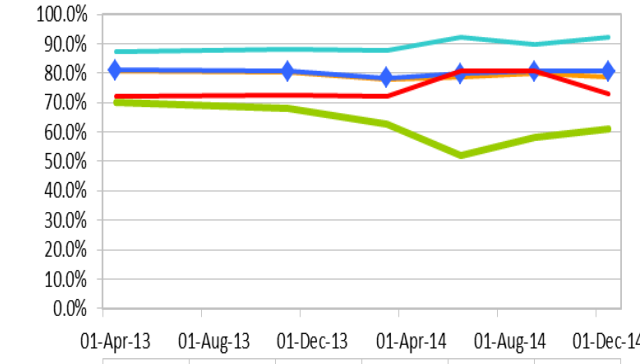
Green Prescription: Quarter 3 data shows from 36 total referrals to the Green Prescription programme in the Grey/Westland district 5 were for Maori, 29 total referrals were made in the Buller district with 4 being for Maori. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

Long Term Condition Management (LTC): 205 Maori are enrolled in the Long Term Conditions programme as at March 31 2015. For quarter 3 Maori enrolments makes up 6% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.2% of the enrolled population at the primary practices aged 45 years and above.

The increase in enrolments in this quarter is attributed to an increase in LTC activity in practices and an update to the Patient Dashboard that now includes LTC alerts.

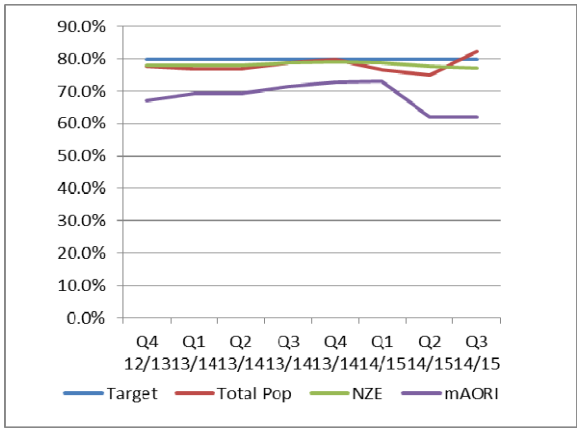
Cancer

Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending



	30-Apr-13	30-Nov-13	31-Mar-14	30-Jun-14	30-Sep-14	30-Dec-14
Other	80.6%	80.2%	77.7%	78.8%	80.0%	78.8%
Maori	87.1%	88.0%	87.5%	92.3%	89.7%	92.3%
Pacific	70.0%	68.2%	62.5%	52.0%	58.3%	60.9%
Total	81.1%	80.7%	78.3%	79.7%	80.6%	80.6%
All DHB's	72.0%	72.4%	72.3%	80.6%	80.6%	72.8%

Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years



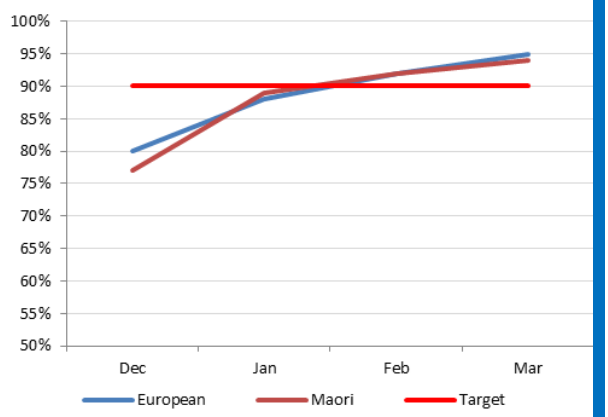
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximate 81.87% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending March 2015. The coverage for eligible Maori women (94.7%) continues to be higher compared to all other ethnicities on the West Coast. The West Coast DHB is the lead DHB for this target across all other DHBs nationwide with the next closest being South Canterbury with 86.6% of eligible Maori women being screened.

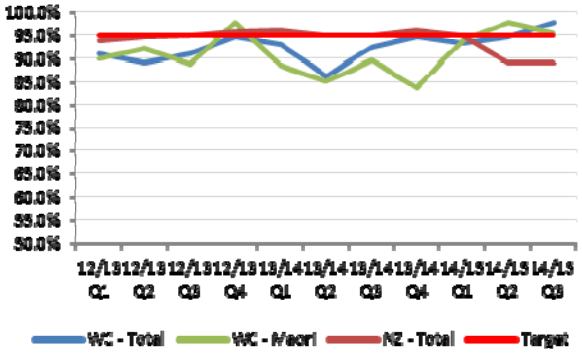
Cervical cancer screening: At the end of March 2015, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 61.9%.

SMOKING CESSATION

Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: Smokers attending primary care given advice and help to quit

Performance improved 15.7% during Quarter 3, meeting and exceeding target with a result of 94%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives. For Maori the result has been that 711 from 730 (97.4)% of registered Maori smokers have been provided with Brief Advice and Cessation support.

Aukati Kai Paipa: For the half year from July 1 to Dec 31 2014 the AKP service has worked with 47 new clients, 25 who identify as Maori with a 39% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with practices and Poutini Waiora which is resulting in increased referrals to the service.

PHO Coast Quit Programme: For the quarter Jan - March 2015 .10.7% (20) Maori accessed the Coastquit cessation service an increase from last quarter of 5. This service has a poor access rate for Maori and this is one issue that we are aiming to address in the Maori Cessation plan.

Secondary Smokefree Health Target: Secondary care better help for smokers to quit health target:
During Quarter 3, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target. 43/45 Maori patients were provided with smoking cessation advice.

Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

HEALTH TARGET REPORT QUARTER 2

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Planning & Funding**

DATE: **26 June 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Committee with West Coast's progress against the national health targets for Quarter 3 (Jan-Mar 2015). The attached report provides a detailed account of the results and the work underway for each health target.
DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 3 health target league table is attached as an Appendix.

2. RECOMMENDATION

That the Board:

i. notes the West Coast DHBs performance against the health targets.

3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the **ED health target**, with **99.4%** of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved **111.3%** of the access to **elective surgery health target**, delivering **1,288** elective surgical cases against our 1,157 year-to-date target.
- Achieved the **better help for smokers to quit (secondary) health target**, with **97.7%** of hospitalised smokers receiving help and advice to quit.
- Achieved the **better help for smokers to quit (primary) health target** for the first time, with **94%** of hospitalised smokers receiving help and advice to quit.
- Achieved the **more heart and diabetes checks health target** for the first time, with **90.3%** of the eligible enrolled population having had a CVD risk assessment in the last five years.

Health target performance has been weaker, but still positive, in the following areas:

- This is the second quarter for the revised **faster cancer treatment health target**. Performance decreased to **62.5%.** Work is ongoing to improve the capture and quality of this data, and we expect there may be variation of results in these first few quarters ahead.
- Although not meeting target, we are pleased to have increased coverage by 7% against the **increased immunisation health target**, vaccinating **89%** of our eligible population and **99%** of consenting children. Only one child was overdue at milestone age due to clinical reasons.

6. APPENDICES

Appendix 1: Q3 1415 WC Health Target Report
Appendix 2: HT_Q3_DHB_WestCoast1_col

Report prepared by: Jessica Wise, Planning & Funding
Report approved by: Philip Wheble, Team Leader, Planning & Funding

National Health Targets Performance Summary

Quarter 3 2014/15 *(January – March 2015)*

Target Overview

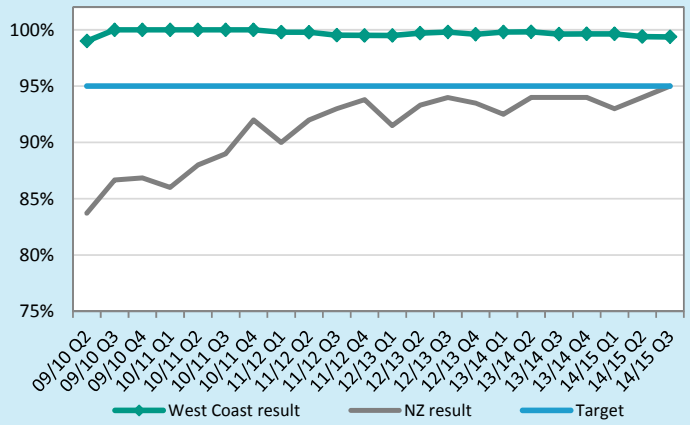
Target	Q4 *13/14*	Q1 *14/15*	Q2 *14/15*	Q3 *14/15*	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.6%	99.4%	99.4%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,695	425 *YTD*	878 *YTD*	1,288 *YTD*	1,157 *YTD*	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	*New*	*New*	72.7%	62.5%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	81%	77%	82%	89%	95%	✗	3
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit	94.6%	93.3%	94.7%[1]	97.6%	95%	✓	4
Better Help for Smokers to Quit Smokers attending **primary care** receive help and advice to quit	61.9%	71.3%	78.3%	94%	90%	✓	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	76.6%	78.9%	82.6%	90.3%	90%	✓	5

[1] *This was previously reported as 94.7%, when 97% of discharges had been coded. This result has changed due to 100% completion of coded discharges.*

Shorter Stays in Emergency Departments

Target: *95% of patients are to be admitted, discharged or transferred from an ED within 6 hours*

Figure 1: Percentage of patients who were admitted, discharged or transferred from ED within six hours



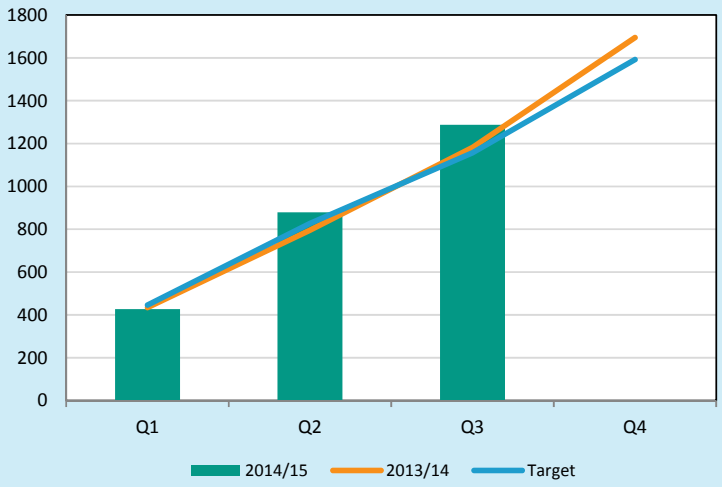
✔

The West Coast continues to achieve the ED health target, with **99.4%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter three.

Improved Access to Elective Surgery

Target: *1,592 elective surgeries in 2014/15*

Figure 2: Elective surgical discharges delivered by the West Coast DHB[2]



✔

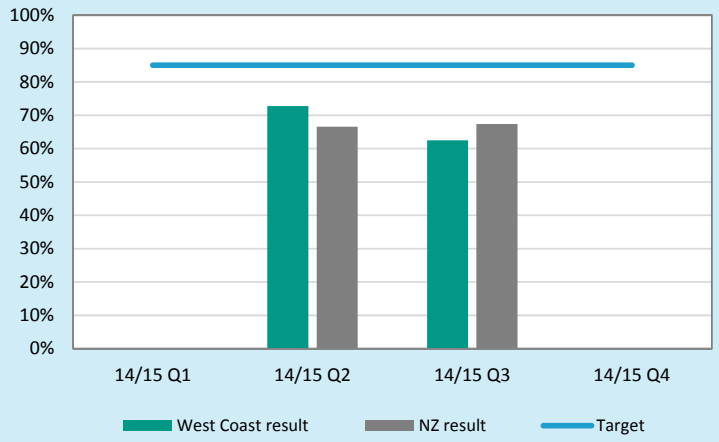
1,288 elective surgical cases have been delivered to Coasters during 2014/15 so far, representing **111.3%** of our year-to-date target delivery. We are pleased to continue meeting target.

[2] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

Faster Cancer Treatment

Target: Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer

Figure 3: Percentage of West Coasters with a high suspicion of cancer receiving their first treatment or other management within 62 days[3]



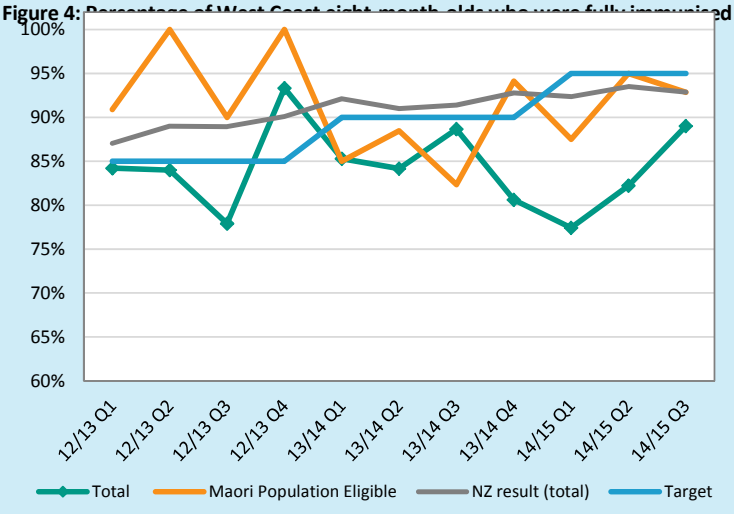
In the second quarter of the new health target, **62.5%** of patients received their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge, missing target by one patient. Work is ongoing to improve the capture and quality of the Faster Cancer Treatment data which will affect performance over the next few quarters.

West Coast continues to achieve against the former health target, shorter waits for cancer treatment, with 100% of patients ready for radiation or chemotherapy receiving treatment within four weeks.

Increased Immunisation

Target: 95% of eight-month-olds are fully immunised

Figure 4: Percentage of West Coast eight-month-olds who were fully immunised



Although we have not met the target, 89% of all 8-month-olds were fully immunised during Quarter 3—a 7% increase with only one child missing the milestone age due to clinical reasons.

Strong results were achieved for Maori (93%) as well as Asian and Pacific (100%) populations, with New Zealand European (94%) coverage only just below target.

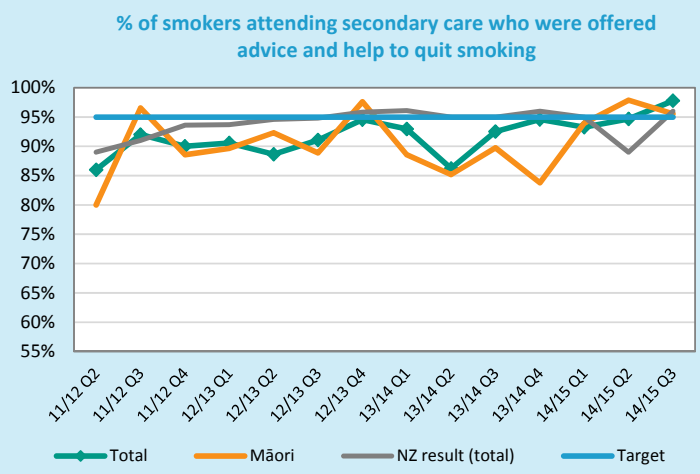
Opt-off and declines were lower this quarter at a combined total of 10% — an 8% drop on the previous quarter which is reflected in our improved results. We continue to focus vaccinating 100% of reachable children, this quarter vaccinating 99%.

[3] *This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.*

Better Help for Smokers to Quit: *Secondary*

Target: 95% of smokers attending secondary care receive advice to quit

Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



✔

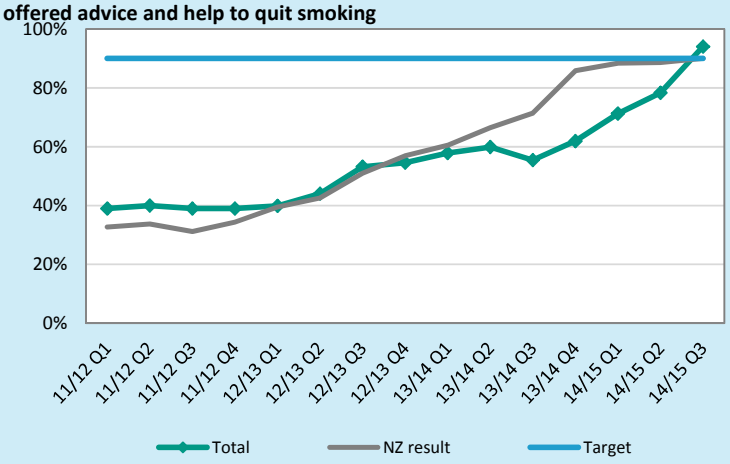
In Quarter 3, West Coast DHB staff provided **97.8%** of hospitalised smokers with smoking cessation advice and support–exceeding the 95% target with our best result yet.

Best practice initiatives previously reported continue, with the effects of small numbers remaining challenging.

Better Help for Smokers to Quit: *Primary*

Target: 90% of smokers attending primary care receive advice to quit

Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking



✔

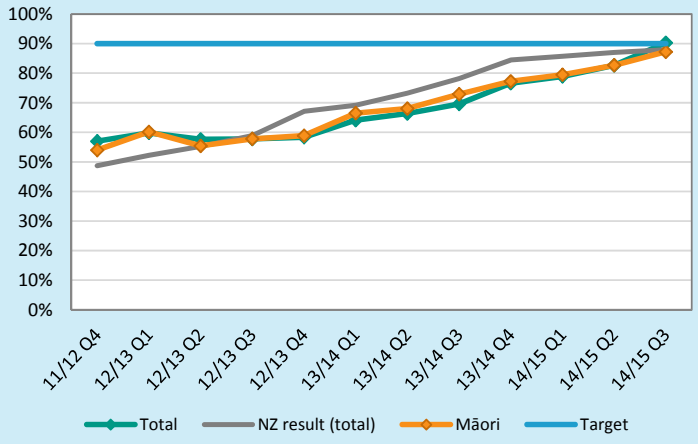
West Coast general practices have reported giving **4,575** smokers cessation advice in the 12 months ending March 2015, representing **94%** of smokers expected to attend general practice during the period.

We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives.

More Heart & Diabetes Checks

Target: *90% of the eligible enrolled population have had a CVD risk assessment in the last five years*

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years



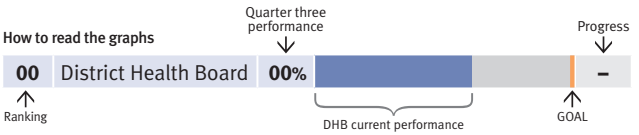
✔

West Coast general practices have continued to increase coverage, with **90.3%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years—a 7.6% increase, meeting target for the first time.

A range of approaches to increase performance continue, including identified CVDRA champions within general practices; nurse led CVDRA clinics in practices, evening clinics and protected appointment time allocations for checks. All three Poutini Waiora nurses collaborated with general practices and conducted checks at local events. Text2Remind and Patient Dashboard IT tools are available in all West Coast DHB MedTech Practices.

My District Health Board

2014/15 QUARTER THREE (JANUARY–MARCH) RESULTS



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

		Quarter three performance (%)	Change from previous quarter
1	West Coast	99	–
2	Nelson Marlborough	96	–
3	Whanganui	96	–
4	South Canterbury	96	–
5	Canterbury	96	–
6	Tairawhiti	96	–
7	Counties Manukau	96	–
8	Wairarapa	96	–
9	MidCentral	96	–
10	Taranaki	95	–
11	Waitemata	95	▼
12	Hawke's Bay	95	▲
13	Hutt Valley	95	▲
14	Auckland	95	–
15	Bay of Plenty	94	–
16	Southern	93	–
17	Waikato	93	–
18	Capital & Coast	92	▲
19	Lakes	92	–
20	Northland	91	–
	All DHBs	95	–

95%

Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 115,588 discharges for the year to date, and have delivered 7,997 more.

		Quarter three performance (%)	Progress against plan (discharges)
1	Northland	133	▲
2	Taranaki	120	▲
3	Waikato	114	▲
4	Hutt Valley	113	▲
5	Bay of Plenty	112	▲
6	West Coast	111	▲
7	MidCentral	110	▲
8	Wairarapa	110	▲
9	Counties Manukau	108	▲
10	Lakes	108	▲
11	Waitemata	107	▲
12	Tairawhiti	105	▲
13	Nelson Marlborough	104	▲
14	Southern	104	▲
15	Whanganui	103	▲
16	Hawke's Bay	102	▲
17	Canterbury	100	▼
18	Capital & Coast	99	▼
19	South Canterbury	99	▼
20	Auckland	97	▼
	All DHBs	107	▲

100%

Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between October 2014 and March 2015.

		Quarter three performance (%)	Change from previous quarter
1	Capital & Coast	81	▼
2	Tairawhiti	79	▲
3	Southern	73	▼
4	Taranaki	72	▼
5	South Canterbury	71	▼
6	Nelson Marlborough	71	–
7	Canterbury	71	▲
8	Waitemata	70	▲
9	Whanganui	67	▲
10	Wairarapa	67	▼
10	MidCentral	67	–
12	Bay of Plenty	66	▲
13	Waikato	65	▼
14	Northland	64	▼
15	West Coast	63	▼
16	Hawke's Bay	61	▼
17	Auckland	59	▲
18	Counties Manukau	59	▲
19	Hutt Valley	58	▲
20	Lakes	37	▼
	All DHBs	67	▲

85%

Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between January and March 2015 and who were fully immunised at that stage.

		Quarter three performance (%)	Change from previous quarter
1	Lakes	96	▲
2	Capital & Coast	96	–
3	Wairarapa	95	–
4	Canterbury	95	▲
5	Hawke's Bay	95	–
6	Hutt Valley	95	–
7	Southern	95	–
8	MidCentral	94	–
9	South Canterbury	94	–
10	Auckland	94	–
11	Counties Manukau	93	▼
12	Tairawhiti	92	–
13	Waitemata	92	▼
14	Waikato	91	–
15	Taranaki	91	▼
16	Nelson Marlborough	89	▼
17	West Coast	89	▲
18	Bay of Plenty	88	–
19	Northland	87	▼
20	Whanganui	86	▼
	All DHBs	93	–

95%

Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

* MidCentral DHB: data unavailable at the time of publication.

Change from previous quarter	Hospitals		Quarter three performance (%)	Primary care	Change from previous quarter
▲	98	1	Nelson Marlborough	100	▲
–	98	2	Waitemata	99	▼
–	96	3	Auckland	96	▼
▲	91	4	Bay of Plenty	95	▼
–	95	5	Counties Manukau	95	–
▲	95	6	Wairarapa	95	▲
▲	98	7	West Coast	94	▲
–	98	8	South Canterbury	93	▲
–	96	9	Northland	92	▼
▼	94	10	Whanganui	91	▲
–	96	11	Tairawhiti	90	▼
–	98	12	Hawke's Bay	90	▼
–	96	13	Waikato	88	–
▼	96	14	Lakes	86	▲
▼	94	15	Taranaki	86	–
–	95	16	Hutt Valley	85	▲
▲	92	17	Capital & Coast	84	▲
–	97	18	Canterbury	83	▼
–	95	19	Southern	64	▲
–	97	20	MidCentral*	–	N/A
–	96		All DHBs	89	–

95% 90%

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.

		Quarter three performance (%)	Change from previous quarter
1	Auckland	92	–
2	Northland	91	–
3	Counties Manukau	91	–
4	Taranaki	91	–
5	Whanganui	91	–
6	Waitemata	91	–
7	West Coast	90	▲
8	Hawke's Bay	90	▲
9	Wairarapa	89	–
10	Waikato	89	–
11	Nelson Marlborough	88	▲
12	Tairawhiti	88	–
13	Bay of Plenty	88	–
14	Lakes	88	–
15	Capital & Coast	88	–
16	South Canterbury	87	▲
17	Hutt Valley	86	▲
18	MidCentral	85	–
19	Southern	83	▲
20	Canterbury	78	▲
	All DHBs	88	–

90%

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

New Zealand Government

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 4 JUNE 2015

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chair, Community & Public Health & Disability Support Advisory Committee**

DATE: **26 June 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 4 June 2015.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

"*With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*
- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:
- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:
- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 4 June 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY & PUBLIC HEALTH UPDATE.

This report was provided the Committee with updates on:

Smokefree May

The theme for World Smokefree Day (31 May) / Smokefree May is 'It's about whanau'. The West Coast Tobacco Free Coalition decided to focus on early childhood centres this year. Smokefree resource packs have been delivered to 16 early childhood centres in Hokitika, Reefton, Greymouth, Westport and Karamea. The packs included balloons, pens for staff, World Smokefree Day poster, posters comparing the price of tobacco / cigarettes and grocery items, colouring in sheets and smokefree messages for newsletters. Twelve packs have also been provided to PORSE educators who provide home-based early childhood education and care for up to four children at a time.

The contents of the Smokefree pack have been discussed with early childhood education staff who have been encouraged to talk about smokefree issues with the children during May. The response has been very positive and it is hoped that these early childhood centres will be open to being involved in a "Little Lungs" smokefree project in the future.

Alcohol – Combined Agency Agreement

The Sale and Supply of Alcohol Act 2012 assigns roles and responsibilities to the Medical Officer of Health, the District Licensing Agency (Council liquor licensing inspectors) and the Police to assess applications for liquor licences and to ensure monitoring and compliance. The Act also states in section 295 that these agencies have a duty to collaborate.

To formalise and strengthen their existing collaborative working relationship these agencies on the West Coast have decided recently to create a joint agreement that captures our common goal of reduction of alcohol-related harm. It will detail, amongst other things, the responsibilities of each agency, how we work together, share information and training and our commitment to joint monitoring and enforcement.

Submissions on Council Long Term Plans 2015-2025

CPH staff are continuing to prepare submissions to local councils' long term plans (LTPs). LTPs are ten year plans and are revised every three years. Councils play a large and important role in the health and well-being of the residents as they have responsibilities for many of the social and environmental determinants of health. CPH received feedback on their submission to the Grey District Council LTP. Feedback included:

- Council's intention to work with CPH and others to develop sustainable walking and cycling infrastructure such as on road cycle lanes and cycle stands with the first priority to be development of Cycling and Pedestrian Hub.
- Council's intention to provide ongoing support to the Enviroschools programme
- Council commitment to working with others to develop a Youth Development Strategy for the district.
- Council are cognisant of the need to plan for, and mitigate the effects of climate change. For example storm water systems will provide for the predicted effects of climate change.

CPH has also completed submissions on the West Coast Regional Council's Proposed Regional Policy Statement and their LTP. Staff are currently working on submission to the Buller District Council and Westland District Council LTPs. CPH has also participated in submissions made on behalf of the West Coast Tobacco Free Coalition and Active West Coast. Copies of our submissions to the councils can be made available to Committee members for their information.

Cardiac Club
CPH had a guest speaker slot at the Greymouth Cardiac Club and arranged for a Grey District Council staff member whose work includes the quality of footpaths in the region. Members of the Club provided feedback regarding issues with footpaths in their local area.

CPH Staff update
There have been a number of staff changes at CPH in the past few months. Our Maori health and nutrition health promoter, Kelsey Moore, is on maternity leave. We have welcomed Jade Winter to our staff to cover the nutrition role and Diana Panapa, the Maori Health promoter position. Claire Robertson has been appointed to the Team Leader position and a new Health Promoting Schools facilitator, Tessa Hunter, has been appointed to fill Claire's previous position in our team.

Discussion regarding the testing of water supplies for herbicide and pesticide contamination took place with Cheryl Brunton confirming that neither herbicides or pesticides are routinely tested for in water supplies. Levels of 1080 are tested for after an aerial drop, with the frequency of the testing depending on the type of water supply (bore, open etc).

The report was noted.

b) PLANNING & FUNDING UPDATE

This report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- The West Coast continues to perform well above the 95% 6-hour **ED health target** with 99.5% of patients admitted, discharged or transferred within 6 hours, and 94.8% within just 4 hours.
- West Coast DHB was 131 discharges ahead of our **electives health target** for the YTD Quarter 3 target.
- During Quarter 3, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support – our best result to date and meeting the **Secondary Care Better Help for Smokers to Quit** Health Target.
- Following the install of patient dashboard and ongoing best practice initiatives, West Coast DHB is pleased to have met both primary care targets for the first time. During Quarter 3, performance against the **primary care smokers better help to quit health target** improved 15.7% with a result of 94%. Performance against the **more heart and diabetes checks health target** increased 7.6% this quarter, with a result of 90.3%.

Key Issues & Associated Remedies

- B4 School Check coverage remains challenging— having delivered 59% coverage against our 75% target for April. Thorough investigation is showing this is due to an accumulation of several issues—including staff availability and data quality issues.

The report was noted.

c) ALLIANCE UPDATE

This report provided an update of progress made around the West Coast Alliance as follows:

Alliance Leadership Team

- The Annual Plan and Maori Health Action Plan are currently under review by the Alliance for endorsement. The PHO Board, as the Alliance partner with West Coast DHB, will also review and endorse the plans.

Mental Health Workstream

- Buller is the main focus with implementation of a new way of working expected to commence from 1 July. Across the wider system, NGOs are discussing ways they can work more effectively together to increase the range of available options.

Health of Older Persons

- Work continues with upskilling home-based support providers to enable them to deliver the restorative model of care along with the supported discharge model. Additional Allied Health FTE has now been advertised. Allied Health expertise is a crucial part of supported discharge services to inform goal setting and guide client rehabilitation and recovery. Our goal is to develop one team of support workers who will be trained to a higher NZQA framework level.
- The business case for the Integrated Falls Prevention/Fracture Liaison Service (FLS) approach was completed and approved, including a reallocation of staff to support this approach. This will help advance progress with falls prevention and fracture liaison services.

Grey/Westland & Buller Family Health Services (IFHS)

- The Grey / Westland workstream is working on alignment between the three practices for urgent and acute care processes in preparation for when the practices come together under the new IFHC.
- South Westland are working with Healthcare Medical Limited (HML) to develop a new way of working, using HML both after hours and during hours for appointment booking.
- Buller Medical is moving to a two team approach to improve continuity of care with a planned implementation 1 July.
- The operation of the team huddle has been reviewed as it has now been in place for almost 6 months. It is working effectively and only minor adjustments to process have been made to assist systematic case coordination.
- A proposal for a locality based Community Mental Health team in Buller was completed in February and has been endorsed by the Mental Health Workstream. Implementation planning is underway.
- Discussions have been held with St John about frequent presenters to services in Buller. Further analysis is required to identify this group and their needs.

Healthy West Coast

- Work is underway to begin the request for proposal (RFP) process for improved provision of pregnancy and parenting education.
- The workstream is now receiving regular reports on alcohol-related admissions at Greymouth ED.
- Feedback has been received regarding the draft Tobacco Control Plan which will be updated for final submission by the end of May.

- The review of the Mum4Mum service has now been completed and the report is being reviewed by the workstream prior to wider distribution.

Child and Youth

- The B4 School Check Coordinator has developed and launched a Facebook page to better promote clinic days and engage with families who are eligible for a check.
- The Mana Tamariki-Mokopuna group is flourishing with the young women involved starting to develop ideas about the areas they wish to learn more about and provide feedback on.
- Results of the Secret Shopper project have been collated and distributed to services. The key areas for improvement included increased awareness of privacy and confidentiality in areas where conversations may be overheard. The results were presented at the Annual 'Collaborative' Hui in April.
- 'Youth Friendliness' training has been arranged for June and will be open to all staff across the Health system to highlight the themes raised by young consumers and discuss options for addressing these in a practical way.
- Work has begun to follow up on the Girl of Concern report which was published earlier in the year. The reports findings and recommendations are being prepared for wider distribution to the community with an accompanying call to action to seek input from all stakeholders.

Pharmacy

- Registrations of Interest for a community pharmacy provider for Grey Hospital and the Integrated Family Health Centre have been considered by the selection panel.
- A current state report on the hospital pharmacy is in draft and expected to be completed in early May. The design lab plan is being put together, including both hospital and IFHC community pharmacies in the planning.

The report was noted.

d) HEALTH TARGET REPORT – QUARTER THREE

This report is included in today's Board papers

e) MAORI HEALTH PLAN UPDATE

This report is included in today's Board papers
Points of note

- Cervical screening figures which had been sitting at just over 70% of eligible Maori women between the ages of 25-69 being screened has dropped to 61.09 this quarter.
- Smoke free targets improved by 15.7% for quarter 3 which exceeds the target with a result of 94%.

f) PRESENTATION – SUICIDE PREVENTION

Lois Scott, Mental Health Services Operations Manager presented to the Committee an update.

The Committee noted that the draft plan will be presented to the Suicide Prevention Governance Group at the end of the month for endorsement.

g) SMOKING CESSATION SERVICES

This report has been produced at the request of the committee to highlight the effectiveness of the Smoking Cessation services available on the West Coast.

Smokers in the West Coast region have access to four providers of Cessation support: Aukati KaiPaipa, Coast Quit, DHB Smoking Cessation Service and Quitline. While progress has been made to reduce the prevalence of smoking both nationally and regionally, there are still population groups that are not keeping up with the rate of decline shown by the population as a whole.

There are 4794 regular smokers on the Coast according to Census 2013 data giving a smoking prevalence of 20.5% (34.3% Maori, 25.8% Pacific). In brief, smoking prevalence:

- has decreased in all age groups between 1999 and 2014, accompanied by a corresponding increase in the prevalence of ex- and never smoking
- is consistently higher for Māori and Pacific ethnic groups
- increases with increasing neighbourhood deprivation in the WCDHB region, but only to a point: the prevalence decreases in neighbourhoods with the highest deprivation scores
- increases rapidly in late adolescence and peaks in those aged 20-29. From here, there is a steady decline over the lifespan, and
- tends to be higher in the WCDHB region than in New Zealand as a whole.

i) GENERAL BUSINESS

The Chair commented that she had attended the NZFDIC (New Zealand Federation of Disability Information Centres) conference in Queenstown. During the conference there were a number of interesting speakers.

The Chair informed the Committee that the DIAS (Disability Information Advisory Service) contracts with the Ministry of Health are all due for renewal in June 2016 but as all contracts are to be reviewed so will be rolled over for an additional six months before any changes are made.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 4 June 2015

Report prepared by: Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee

AGENDA

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 4 June 2015 commencing at 9.00am

ADMINISTRATION			**9.00am**
	Karakia		
	Apologies		
1.	**Interest Register** *Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting & Matters Arising** *23April 2015*		
3.	**Carried Forward/ Action Items**		
REPORTS/PRESENTATIONS			**9.10am**
4.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.10am - 9.20am*
5.	**Planning & Funding Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.20am - 9.30am*
6.	**Alliance Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.30am -9.40am*
7.	**Health Target Q3 Report**	Phil Wheble *Team Leader, Planning & Funding*	*9.40am-9.50am*
8.	**Maori Health Plan Update**	Gary Coghlan *General Manager Maori Health*	*9.50am-10.00am*
9.	**Suicide Prevention Update**	Lois Scott *Operations Manager, Mental Health*	*10.00am-10.15am*
10.	**Smoking Cessation Services**	Phil Wheble *Team Leader, Planning & Funding*	*10.15am-10.25am*
11.	**General Business**	Elinor Stratford *Chair*	*10.25am - 10.40am*
ESTIMATED FINISH TIME			**10.40am**

INFORMATION ITEMS

- **Board Agenda – 8 May 2015**
- **Chair's Report to last Board meeting**
- **Committee Work Plan 2015**
- **West Coast DHB 2015 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 23 July 2015

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 4 JUNE 2015

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **26 June 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 4 June 2015.

For the Board's information the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

"- monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and*
- *give the Board advice and recommendations on that monitoring and that assessment.*

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB."

2. RECOMMENDATION

That the Board:

i. notes the Hospital Advisory Committee Meeting Update – 4 June 2015.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 4 June 2015. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

CARRIED FORWARD ITEMS

The carried forward items were noted.

MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the following notable features:

- The appointment to the Pharmacy Manager Role;
- The successful start of the Patient Transfer Service; and
- The Integration of AT&R services into Morice Ward.

He advised that the patient flow diagrams that were considered to be outdated at the last meeting are being worked on in conjunction with Planning & Funding to give more context around what is being illustrated. It is hoped that this information will be available for the next meeting.

In addition the Committee noted the following:

- The DHB has joined a national service "Language Line" for translation services.
- Work continues around the CMO role with this being discussed at the SMO conference held last month. It was agreed that this role would be split and work is being undertaken with the General Manager People & Capability around filling these roles.
- The first database for Quality & Safety went live on 30 March and staff feedback has been positive.
- There is some pressure in the industrial relations area with some national arrangements being stepped through. The West Coast, along with Canterbury, will be looking very carefully at this.

The report was noted

FINANCE REPORT

Justine White, General Manager, Finance, presented the Finance Report for the month ending April 2015. The consolidated West Coast District Health Board financial result for the month of April 2015 was a deficit of $0.091m, which was $3.0k unfavourable against the budgeted deficit of $0.088m. The year to date position is now $0.516m unfavourable.

The Committee noted that there has been a change to the Annual Plan in relation to transitional funding with the target for year-end now being a $1.1m deficit. It was also noted that the financial position is currently $500k over where we want to be and a number of initiatives are being worked on to try to pull this back.

The report was noted.

CLINICAL LEADERS UPDATE

Karyn Bousfield, Director of Nursing & Midwifery presented this report which was provided to the Board at their last meeting. The Committee noted that there is still a lot of work taking place in the transalpine space. All the work streams are at different stages of the journey with Anaesthesia being the most advanced

In regard to the new facilities planning the Committee noted that from a nursing perspective the DHB is on track for the new models of care that will be required for this transition.

Discussion took place regarding Clinical Leadership and this will operate going forward.

The report was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 4 June 2015.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

AGENDA

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Hospital, Greymouth
Thursday 4 June 2015 commencing at 11.00am

ADMINISTRATION — 11.00am

Karakia

Apologies

1. **Interest Register**
   Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Confirmation of the Minutes of the Previous Meeting**
   23 April 2015

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS — 11.10am

4.	**Management Report**	Mark Newsome *General Manager Grey|Westland*	*11.10am - 11.30am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.30am - 11.45am*
6.	**Clinical Leaders Report**	Karyn Bousfield *Director of Nursing & Midwifery*	*11.45am – 12noon*
7.	**General Business**	Sharon Pugh *Chair*	*12noon – 12.15pm*

ESTIMATED FINISH TIME — 12.15pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 8 May 2015**
- **2015 HAC Work Plan (Working Document)**
- **West Coast DHB 2015 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 23 July 2015
Corporate Office, Board Room at Grey Base Hospital.

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2015

DATE	MEETING	TIME	VENUE
Thursday 29 January 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 29 January 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 29 January 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 February 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 12 March 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 March 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 March 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 March 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 April 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 April 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 April 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 May 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 4 June 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 4 June 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 4 June 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 June 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 July 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 July 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 July 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 7 August 2015	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 10 September 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 September 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 September 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 25 September 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 22 October 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 October 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 October 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 6 November 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 3 December 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 3 December 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 3 December 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 December 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.